

FILED

IN THE UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT  
OF NASHVILLE TENNESSEE

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Shemeka Ibrahim )

Plaintiff

U.S. DISTRICT COURT  
MIDDLE DISTRICT OF TN

VS )

Docket NO. 3:12-cv-01019

Sleep Study of Middle Tennessee &

Kelly A. Carden MD )

Judge Kevin H. Sharp

Murfreesboro Medical Clinic Surgi

Center PA & Doctor Andrew Hunter )

Ford et al

FIRST AMENDED FOR GRAMMAR CORRECTION AND MOTIONS FOR MEDICAL  
NEGLIGENT & MEDICAL MALPRACTICE COMPLAINT WITH STATE OF  
LIMITATIONS CONTINUUM OF CARE DOCTRINE

Comes now Shemeka Ibrahim, by temporary pro se style, and hereby files this suit against the above named Defendants' and in support thereof states as follows:

That the Plaintiff is Shemeka Ibrahim is a resident of Antioch, Tennessee. Doctor Andrew Hunter Ford (hereinafter Ford) & Murfreesboro Medical Surgi Center P.A Corporation et al (hereinafter MMC) providing medical services to the citizens of Tennessee and has its principle place of business located in Murfreesboro, Tennessee and their employee/agent/servant Karen W. Butler RN who were in charge of the **surgical count** and instrument she and Ford have a medical duty in which both her and Ford as medial professional are required them **to recount those cottoned/sponges** instrument but they breach there duty by not recounting them prior the patient being nasal suture closure up after surgery on August 10, 2011.

Negligence/Medical Malpractice /Respondeate Superior Agency/ & Failure to Supervise

Now, The Plaintiff states that **during all of the times alleged herein that she was receiving medical care and treatment** from said Defendants' and the said Defendants were employed and acting **within the scope** of that employment. And the said Defendants' Physicians Inc. are responsible **for the breach** of applicable medical care occasioned by their employees/agent/servant, the Defendants **herein**, which resulted in a physical and mental injury to the Plaintiff. Now, Doctor Ford deviated from the acceptable standard of medical care during the care and treatment of the Plaintiff on or

before August 10, 2011 **and thereafter** by failing to properly supervise the medical care and treatment that was being provided by Ford et al to the Plaintiff and that this deviation was the direct and proximate cause of a physical injury to the Plaintiff and the direct and proximate cause of all of the Plaintiff's injuries and damages and that the Plaintiff **did not** assume the risk of her injuries. The Defendants' Mrs. Betty Rose the **patient advocate** and Jennifer Wilson (hereinafter Rose & Wilson) the **office manager** for Doctor Ford and the clinic staff for Murfreesboro Medical Clinic Surgi Center P.A. (hereinafter MMC) and at the time was both an employee/agent/servant and working on or before June 5, 2012 during a phone conversation incident and a office visit to Mrs. Rose. The Defendants MMC operates there business at 1272 Garrison Drive Murfreesboro, Tennessee 37129.

The Defendants' Sleep Study of Middle Tennessee and Doctor Kelly A. Carden (hereinafter Carden) is a **sleep medicine, internal medicine specialist-board eligible, pulmonary disease, and critical care medicine** was employed by said employer and at the time of this incident and was working at said location when the injury occur to the plaintiff. The Defendant Doctor Carden was an employee/agent/servant of Sleep Medicine of Middle Tennessee Corporation (hereinafter SMT) who is providing medical care to the citizens of the State of Tennessee with its principle place of business located at 300 20<sup>th</sup> Avenue North Suite 8G Nashville, TN 37203.

That **all remaining Defendants are medical providers providing medical services in the State of Tennessee and at the time of the alleged** medical malpractice/ Medical negligent in the State of Tennessee at the time of the alleged medical malpractice herein were all employees/agents/servants of the Defendants MMC and SMT **were acting within scope of that employment/agency/servant relationship** when they failed to follow the applicable standard of medical care during my treatment of the Plaintiff on said dates and thereafter, at 300 20<sup>th</sup> Avenue North Suite 8G Nashville, TN 37203 SMT and MMC.

That all of the injuries and damages sustained which **proximately** resulted in the **physical and mental injury** to the Plaintiff were the direct and proximate result of the negligent actions and breaches of the applicable standards of medical care by all of the Defendants without any act or omission on the part of the Plaintiff directly thereunto contributing. And that the act of medical malpractice and medical negligent occurred on August 10, 2010 and **thereafter**, in the State of Tennessee.

I had **given notice prior** to the filing of these Motions to all Defendants. A letter notice require the plaintiff's to give a brief description of the lawsuit/complaint to the defendants for the purpose to try to settle the matter before filing the suit. I am a 39 year old African-American woman with a disability of one being diagnose with mild retardation. The medical malpractice and medical negligent action in which Ford done to me may have been **one or more** of the following: **External Open Setoplasty, Setrorrhinoplasty, Modified Extracorporeal Setoplasty, Open Rhinoplasty approach Open Setoplasty techniques, with bilateral excision inferior turbinate partial or complete and partial or complete Submucous resection, Turbinedotomy, and Anesthesia nose surgery** but based on information and belief Ford and MMC billed Medicare/Medicaid for these codes 30520, 30140, 30130, 00160. I contended that the

Defendant Doctor Ford who is an **otolaryngologist**. I was referral to Ford by my PCP offices their assist **Maria/Marie** who **knew** of Ford and informed me that one of her relative had work done by Ford and he done a good job on him/her. Based on information and belief, **Maria/Marie had left the office** once she **got word** that I was in the process of filing a legal action against Ford. But I was advised by **Broke** a nurse assistance at Good Health Associates to sue Ford so I took her advice and did just that's. **Brooke** told me that I had a legal action against Ford. I was referral to Ford for my **sinus and lymph nodes/mass** on or before July 15 2011.

Now, my neck have a **tender submandibular salivary gland enlargement** a that had about a **1 cm** in size since then the mass and lymph nodes has multiple and increase which **spread bilaterally** to my **parotid glands** too. I was constantly that it was nothing going on with me and the pain was **all mentally** in my (**head**). And, this also why, I believe that the radiologist at Southern Hill choose not insert the number size of the masses and lymph nodes so that it would not be his or her dictation. I had not been informing me of such information. The behavior of the radiologist was outrageous and reckless.

Now these doctors neglected or failed to consider **cancer or other disease** as part of the **differential diagnosis** or to referral the plaintiff to another specialist. I had always been told by Sangeetha my PCP nurse assistance and the ENT doctors' it was nothing there was **no incision underneath** my nose and there was **no lymph nodes or mass underneath my ear**. I had continued to be lied to and I just got feed up to the point that it has been too frustrated. I did not know how some of them come to the decision without looking at me or any of my scans. They just told me that people gets these lymph node. I have been persistent in informing the doctor's/nurses' of the pain but again, **other than Doctor Vinson** told me that the pain was in my head. I inform them of my swallowing problem, and the pain in my facial, shoulder and neck area. I could always feel the pain and it was extremely painful. I am frighten and scared.

It is **undisputed** there is an **unknown mass growing in my saliva glands bilaterally** in which **the radiologist** fail to insert the **sizes** of these **mass/lymph nodes** and the plaintiff have the right to know this information.

It is **undisputed** that I need to be examining for **cancer or a disease** that may be the cause of the **swelling or chances in my salivary gland**. This particular type of change could be **benign/malignant or a disease** but even though it is rare it is a **50/50** chance of cancer. But this should be consider as part of a **differential diagnoses** and should been **ruled out** prior to reaching **any** diagnose.

It is **undisputed** that a **fine-needle aspiration, ultra sound** or **CT scan** should have been performed from one of these doctors when Ford fail to **order such testing during my initial visit** this would have provided a **timely diagnosis**. Instead **the mass continue constant to grow**. I had to live with the extra chronic pain with no **treatment or monitor** for this problem. The pain continues to increase since July 19, 2008 until presently. The pain has been as follow:

- 1 I having trouble stilling breathing correctly.

- 2 I have facial muscles feel weak on both side of my face and neck, and shoulders
- 3 Part of my face is numb
- 4 My **salivary gland** and the **tail of my parotid gland** are in **constant pain** in which I cannot open my mouth wide without pain and I can't eat without pain and this cause more terrible pain to just speaking. It hurts to open my mouth to speak and chew.
- 5 The Constance headache, swelling/lump around my jaw, neck area is just too painful

Now, **none** of these Doctors' knew of the **proximate cause** of some of my pain because they chooses not to obtain my medical records and those records would have advise them to request a simple Computed Tomography (hereinafter CT) Positron Emission Tomography (hereinafter PET) Magnetic Resonance Imaging (hereinafter MRI) scan.

They could have order an Incision Biopsy Surgery or a Fine Needle Aspiration (hereinafter FNA) just to see if the **salivary gland or nerve** need to **be remove or** to see if there are a cancer cell there to see if the Plaintiff need a **radiation, or any other** treatment. I just do **not know what is wrong, but this do not give these doctors a pass to not give me improper care** and slandering me stating that the pain was not real and treat the illness as such. I had to suffer for no reason at all. But they should have **send tissue sample** to a **pathologist** lab for testing before the **mass and lymph nodes** grew larger and this may have been avoid. That test could have stopped the spread of said mass and lymph nodes to go **bilaterally**. But not to just **send/or request** my tissue for a simple **specimens testing** to see if **cancerous growths will multiply in the slides or the expense of not knowing** and to rule this out is gross negligent.

Now, time plays a role in diagnose and treating a malignancy/disease or just do analysis because of the extensive of pain. Now, during the **Open Setoplasty Technique** there are authors who contend that a thorough physical examination will allow for accurate diagnosis of septal **deviation and deformity** and that **open setoplasty is not to be used for diagnosis**. Now Ford did just that because he was truly aware of the Maxillary bone crest spur and the size of the deviated septum and all my medical records back up what I am saying about Ford not knowing the size of the damage septum and where the damage is located he assume it was only my inferior turbinate because of what he visually saw in his office.

In addition, Ford only told me that Setoplasty and a turbinate reduction. There is not a hard-set rule of when a nose should be opened under any circumstances, including for a septal deflection. A severely deviated anterior septum located within the anterior 2 cm of the caudal septum is typically a reason enough to open a nose. The **real reason** that this should not have occur is that Ford did not know where the deformities was in my nose. Ford may have lied to say my **anterior** was deflected or damage by 2cm in order to do an **Open Setoplasty** but, Based on information and belief, In Ford mind he already knew he was going to open me up. I truly believe Ford does an



**Open Setoplasty/Open Rhinoplasty** to his entire Ethnic patient. And better yet I would go even further to say he may do all his **Setoplasty Open**. And the problem with this everybody's anatomy is not the same and it not medical necessary.

When documenting for CPT code **30140, submucous resection of the inferior turbinate, partial or complete, any method**, the medical record should reflect that the physician entered or incised the mucosa, **with its preservation**, while removing or reducing a portion of the underlying bone. A simple statement submucous resection was not performed nor would it reflect the documentation required if the procedure had been performed bilaterally. Dr. Ford wrote simple dictation statement and not a complete detail report of my procedure and he did not have anything in the report about preserving any tissue or bones.

**Now a 30130 Excision inferior turbinate, partial or complete, any method** should be used **if a portion** of the **inferior turbinate** is removed. Now, Ford removes more than ½ of my turbinate height and this made my nose to have problem with it nature ability. And, my CT scan can speak for itself. Now Ford keep insisted that he did not sewn any nasal packing in my left nasal but patients inferior turbinate is a very **vascular structure and it can bleed easily and when a portion or more than one half of the inferior turbinate is removed, it is usually necessary to place nasal packing for 2 or 3 nights**. So Ford had to use a nasal packing and again my nose once open and film would prove this as-well. When Ford left the nasal packing in alone with the dorsal splints I was extremely miserable and had a hard time for more then two weeks the packing was in me because Ford forgot about it. I went back several times due to pain and he did not reminder that he use a packing in me. I also believe the reason Ford open me up is because **nose of skin of color patient** has innate features of weak supporting cartilages and the tip modification and management of the lower lateral cartilages may be accomplished with most standard techniques, but the **External Rhinoplasty** approach allows for access to address the unique challenges accompanying Rhinoplasmy in a skin of color patient. And Ford knew this is and that is why my nasal was **done by Open Rhinoplasty approach** and this lead me to believe that Ford all his color clients this way.

Caucasian, African-American nose **which present a challenge** for surgeons to address, are a broad, flat dorsum and nasal bones a broad, flat, amorphous nasal tip owing to thick skin and a prominent subcutaneous fibro fatty pad; a dorsum that lacks projection a poorly developed nasal spine that causes an acuteness in the nasolabial angle; very wide, round nasal opening sand wide alae and so-called weak nasal cartilages. So if Ford knew this why did he open me up?

Now we know that I was right that he had to use in my packing in my nose. But to go back to my chart and re-write a statement in there and not dictated when the correction was done is just gross negligent. And to date I have scaring inside and outside my nose. I also believe that Ford open me up to simply gain access to **another anatomic** area, and **what I do know** is that Medicare **would not** generally reimburse. They thought that Ford done a close procedure to me like the other General ENT does. And with the CPT codes

Ford use it would not red flags them to ask Ford this too. The following CPT codes are considered unilateral: **30130** and **30140**

These Defendants' all told me that the **pain is in my head**, they just would not treat my medical illness because of this reason. To **blame the pain on** Fibromyalgia is just **idiotic**. Because Fibromyalgia doesn't cause swelling of a **mass period** now may be infection but I do know is that fibromyalgia does not have anything to do with my **throat being swollen**.

At this time, I like to give a **little known history** of **fibromyalgia**. Now, back in the day's doctors back then and **some now do not believe** in **fibromyalgia**. And, this **too can cause delay** in a patient care. Some doctors' **believe** that it is not an illness and the pain was **all in these patients' head**. Based on information and belief, scientist is researching about this illness and they are still today looking for new medication to fix this disease. What I do not understand is how doctors can give you **new medication** and not education their patient of the medication they are taken. Medication should be a decision for both patient and doctor.

**It is undisputed** that some doctors knew that it was truly something wrong here with these said patients' and what Fibromyalgia **have done** is **allow doctors' to carefully listen and education themselves**. So the lesson for us to learn from my **interpretation** was not as medical expert testimony because I'm not one. It is just another lesson doctors **should not** be **Grandfather** for doing continued education. The entire doctors should be required to do continue education. Continue education course allow you to have new knowledge and keep you updated with health care changes. Based on information and belief, **Ford is one of those doctors'** that **have not done all of his continued** education courses. If these doctors have not completed their continued their education studies they should be punished and accountable for not doing their **continued education** classes. And they should not be allowed to work on any patient to said education is complete. And they need to be monitored yearly to make sure these doctors are doing exactly what they need to be doing to keep up with time. This lack of knowledge causes medical malpractice lawsuit. Doctor do not have the time to take education classes that would further their knowledge of new case studies like Fibromyalgia.

Now, these Defendants' did not just make a simple mistake and they should not get off lightly. I am scared of the **rare unknown mixture of bacterial infection** that was **eating up my skin** too and it was just over look and not culture. The bacteria infection has to come out of my body somewhere, May it be the rectum, nose or urine. But this illness seems as if it keeps coming back. I told Sangeetha this and she thought I was kidding, all the system keep recurring after the antibiotic have got out of my system and I just want to know. Why? Even today Sangeetha does not know what the bacteria were. I have spoken with Sangeetha and Mariah at the clinic **begging** them to get the result back but they just did not do it. **I even brought a friend** to this visit so she can see for herself what I have endured during my medical office visits. I was just too sick to deal with the feeling of them not caring. And this was the last time of me feeling this way too. I felt **predigest** when Sangeetha were mocking and making joking gesture about my illness. She told me that I have the strangest thing happen to me as-if-it was my fault. And I

deserve everything that was happening to me.

I was too weak and tired; I did not feel up to par with my fever and all. I called several times asking Mariah have she retrieve my records from Summit she told me "yes," based on information and belief; Mariah did not requested those sample until sometime in September 2012 nearly a month later when it was entirely too late to test the tissue/urine/blood sample

I felt that Sangeetha could have request further testing of my sample. This would have given us **the name** of the unknown **bacteria and fungus infection**. This sample would have educated the staff and me about this infection for the feature. And, based on information and belief; for some reason my body was rejecting **the antibiotics treatment since** August 3, 2012 I been having a **fewer** spike and blood pressure, pulse had **elevated** and **to date** no one knows the cause of **my fewer** and **where is it coming from**. It is undisputed that my PCP has not been monitoring this illness nor do they have all of the referrals of the doctors' they have sent me too and those doctors did not send any follow up letter back diagnosing or having a treatment plan of said cause of illness. Now, the plaintiff is not asking for a miracle. I'm just asking a simple **Sonography test** that is **relatively inexpensive and non-invasive** tool with high diagnostic capability. Which has high-resolution transducers, anatomic structures and various disorders in the submanidibular space can be identified. But since she felt that my fungus infection was in my head alone with the fever spike. Sangeetha did not feel that I needed a test done. And she and Mariah both asked me were my fever came from. I told them both I did not know as they were **smirking** at me. Ever since, I told these doctors' and nurses' what Ford done to me the **mission began**.

The doctors' began to write things in my medical record that I stated but not much at all of what they had instructed me to do. Most of them began to be defensive and ran unnecessary test that would not reveal what actually the Defendant done to me. I was so glad when Dc. Vinson and Pitts both told me that no MRI, CT, X-ray can see Cartilage in any images. I felt a relief. I already knew and I told them before the testing that they are not going to see the foreign object on the scan because Ford remove this out of my nose already. But Cherdak insist that the scan just going to be of the head.

The **nasal packing was removed** back in September 1, 2011 these doctors were out to prove me wrong they truly had each other back but, now since other ENT doctors from another state told me why they did not do any tissue sample testing?. I told him I did not know and I did not have an answer as to why? None of this doctor did not do this test and now, what I did not understand is "Why?" Now, in August 2012, it only took Doctor Slavits **less than thirty days** from the time I send him my Operation Medical Report and images he told me he could fix my problem and then is where I found out that my maxillary spur was remove.

What I did not understand is to have a patient to **endure torture** is unprofessional especially when these doctors knew that **ever surgical operation has a tendency to complications**, and what is **undisputed is only the surgeon who does not operate has no complications**. The knowledge of relevant complications is important and essential to me so that my decision could be made, this will reduce the incidence of

such complications, but to minimizing the gravity of an impending complication, and for treating a complication once it has occurred.

The radiologist finding was **uncertain** is because of the delay of comparing my images and those comparison would have diagnose the true diagnose. The radiologist should have written the **size** of such mass/lymph node so the comparison would be easier to read and compare. These doctors did take my medical complaint serious enough and this cause server physical and mental pain. I could never understand how these doctors' fail to inform me of the **bilateral spread of this mass/ lymph nodes**, or **malignancy** is scaring me to date. And I have the Defendants to thank for this.

Now, Doctor Williams order a CT scan back in **January 10, 2012** but never went over the result with me. Doctor Williams lead me to believe that everything was okay. When my Thyroid gland and Parotid got swollen, this cause pain in general, it is probably **wise** to have an **enlarged thyroid gland monitored on a regular basis**. Potential problems to look out for include associated abnormalities in thyroid function, possible compression of local structures such as nerves, blood vessels and the trachea, and a risk of cancer. Accordingly, **periodic assessments with attention to these issues should detect small problems before they become more difficult to treat**. Now, a mass that present with thyroid enlargement will have a thyroid nodule detected on clinical examination or ultrasound.

**Now**, I am having nasal problem, breathing, neck pain, choking, and trouble swallowing and now change in voice should prompt either of these Defendants to investigation and focus on whether an enlarged salvia gland and thyroid enhancement other mass might be contributing to these symptoms. Similarly any patients with a rapid a mass/ node **prompt investigations** to determine the **etiology or cause of the thyroid enlargement**. These doctors just did not do anything. Now these doctors had a duty and they all breach those duties when they did not conduct a **simple inexpensive sonographic test** to see if the mass change into some form of cancer cells.

The doctors did not inform me to **just drink water, massage my neck, throat, or just suck on a lemon**. I did not know about this until October 7, 2012 at Stone Crest ER department at Smyrna. Nurse Richmond there informs me that I might be suffering from **the mumps**. Again this is a **misdiagnosed** and a **delay in treatment** if any. I have never heard of the mumps because my kids and I never contracted this disease.

But again, there is some bacterial infection that is breaking down my immune system. But for now for this problem I was told to suck on some lemons and make sure I set up an appointment with Doctor Reis. So Monday morning on October 8, 2012, I did just that. I called Doctor Vinson office because Doctor Reis is Vinson medical partner. So after speaking with Vinson I had to schedule an appointment with both she and Doctor Reis. Both doctors are going to see me on the morning of October 30, 2012. I will be seeing Vinson for my throat and Reis **for post op pain**. I am still getting continue care for this illness in which I am waiting to get the date of the operation. I getting to weak and I need this out of me as-soon-as possible.



Now in this case you will be able to see that most doctors/ nurses have secrets. In which some doctors/nurse may give patient legal advice as-well-as medical advice. I truly feel that my PCP should be taken control of my medical problems even though I **never** seen her. But since dealing with Sangeetha every time I visit my physician's office she is always absences. I can truly say that I have **never met** this women Doctor Reita Awargal (hereinafter Awargal)

If Sangeetha had any doubts of my medical care, she should have had Doctor Awargal to check me out. But instead since she has a personal interest in this case she stand as my physician and did not remove herself from seeing me once she knew Ford was her son's doctor. But she told me it was not a conflict of interest. They knew that my nose was making this popping sensation and infection my skin now feels as -if it was stretching or pulling and this was cause me pain for a year. Instead the allowed this pain to increase. But what I do not understand if Ford removed my entire nasal tip or just some. I believe he remove all of it. And this is what you call Nasal Tip Surgery. I did not want him to touch the tip of my nose because I was not having any problems and he did not tell me about this surgery work. Now, even though Sangeetha knew it was a **conflict of interest**. She told me that it was not. Now, I have confined with her and she used me for her and Ford personal gain. I do not desire this at all. I have never done anything to none one of these doctors. I am only being treated this way because I **open up about Dr. Ford**. Do patient need to just not say anything to their doctors and just hurt because it can be use against us in court. Nurse Richmond told me not to be saying anything like this to a doctor or nurse because they would run you out of there office. Should patient protect themselves from such behavior so that these doctors don't put anything in the patient records that is not true? I had to go the extra mile to prove what I was saying was true. But what none of these doctor knew twelve (12) months ago that Ford done a lot of work on my nasal cartilage, septum and all of the cartilage work Ford done cannot been seen on a **MRI, CT, or X-rays**.

Now, the only reason these ENT doctors know now is because I gave them a copy of my medical operation report. What Dr. Ford did made it difficult not only for these doctors to treat; it made it difficult to find a doctor who recognizes Ford technique. So these doctor wrote things in my medical and they do not recognize the technique Ford did and this was truly strange because some of them been working for nearly forty (40) years and he did not know the work. This had to be a new advance technique for those doctors not to recognize this operation.

One can argued why these doctor don't understand the technique Ford did. I believe is because it is a more a Rhinoplasty technique then a Setoplasty I do not understand if these don't did continued education for Open Setoplasty and if they did why don't they recognize Ford's technique? There have **been a lot of unclean hand in this case** and I do not know why I have to be treated the why I was while sick.

I have never seen anything like this before. What I do know is that since Good Health Associate is aware of the future lawsuit pending against Ford et al this prompts there medical office to **clean up their act**. The office **began** to hire a new Doctor's for

the clinic some employees quit before they got serve with a subpoena. I felt that if you run from an incident then you hiding something. **Now what I do know is that a lawsuit will get everyone to clean house and follow government rules. Good Health Associate is one of them.** Now, I do not know how Doctor Awargal is getting paid when Sangeetha had seen me for my first initial visit. Doctor Awargal was not around for none of my office visit. Sangeetha has been working as independent contractor under Awargal provider number since I been there. And used doctor Awargal signature stamp when she not present to make it look as if she always been there. But is this forgery and against the law?

Now, the CMS clearly state in the *Federal Register* on November 1, 2001, that the employment relationship is irrelevant to "**incident to billing**," as long as the reassignment rules are followed. The rules on incident-to billing are **Medicare's rules**. Other insurers may or may not require adherence to the incident-to rules when billing a Nurse Practitioner's (hereinafter NP) works under a physician's name. Now Sangeetha has continued to work without someone supervising her work. Awargal clearly knew this was going on in her office. It has been extremely rare that I would see doctor Awargal in her clinic. **And the offices own surveillance cameras can back this statement up.**

What I do know now is that both Awargal and Sangeetha **does not always follow the rules** when it comes to billing and seeing patients Medicare under the **incident-to rules**, a physician must follow the incident-to rules, Again Sangeetha has always conducts my office visit.

Now records on part III, chapter II, states that **the incidental services** must be "part of the physician's personal services in the course of diagnosis or treatment of an injury or illness." Therefore, the physician has to perform an initial visit on each new patient to establish the physician-patient relationship. Although some local carriers also require the physician to see established patients each time they present with a new symptom, national Medicare policy does not require this. Nonphysician providers may bill incident-to for their services during and after that visit. Even those who can bill Medicare directly using their own provider numbers must meet this requirement if they want to bill incident-to. After the initial visit, the physician does not need to be involved in each patient encounter.

**The Carrier's Manual** states that "**such a service** [without physician involvement] ... could be considered to be incident-to when furnished **during a course of treatment** where the physician performs **an initial service** and subsequent services of a frequency which reflects his/her active participation in management of the course of treatment."

Now, when billing incident-to, nonphysical providers **cannot be reimbursed** for consultations or time-based E/M services **when more than 50 percent of the service is counseling or coordination of care** (according to the *Carrier's Manual*, the only time that counts is face-to-face time between the physician and the patient in the office). Now, Submitted **incident-to claims** that do not meet the rules are considered to be **potentially false**

**claims.** Such claims are punishable by the Department of Justice and the Office of the Inspector General (OIG)

I believe that Awargal failure to **monitor Sangeetha cause the proximate** cause of my injuries. Sangeetha could have treated me with the rare bacterial infection but she truly through I was making this up. But if she did could have seen this for herself

I have tried to get in touch with Doctor Awargal by phone and was unsuccessful. I left messages with both Donna and Mariah several times. I even spoke with Brooke. At my last visit I noticed the starrng and the whispering of the staff. At this time I still could not swallow and my fever was slightly changing too high but I do not know what is going on with my duct or stone. I did have a mix **bacterial infection and a fungus started after I left Summit.**

The doctor did not understand where this fungus came from and Sangeetha **did not know** why they did not do a culture I told Sangeetha et al I did not know. That they need to call them, the conversation went back and forth for more than five minutes my friend and I look at each other as to why they were not taken me serious. They thought I was lying about this rare yeast infection. I am trying of defending myself once again I have been going through this for some time now and something needs to be done. I did have a rare bacteria mucus infection and at the same time I had infection in my maxillary sinus. I had this sinus infection before and after the surgery. In which Ford was supposed to fix my sinuses.

Now, no one try to treat or remove my **benign and malignant tumor or test to see the size of the extent of the mass**. No doctors order a Superficial Parotidectomy with or without neck dissection with **preservation of the facial nerve** is the treatment of choice. And the lymph nodes are recommended with biopsy of any suspicious nodes should be examine and these doctors had a duty but they breach their duty when they fail to order simple test that could have given a patient a change to get proper medical care and the test are known to save lives. The **parotid gland** and surrounding structure have important function moisture mastication taste facial sensation and facial movement is all related to this parotid gland. I feel that Medicare had to pay for unnecessary treatment like going to the ER when Sangeetha could have done all of this in there office.

This was one of the delays of my true treatment I was lacking **steroids/** chemotherapy treatment **if any** as a result of these doctors' and these doctors did not take my chief complaint in a serious matter. They allow the mass/lymph nodes to **multiply** because they felt **that my pain was made up**. The Defendants actions was **done intentional and recklessly**. **This hateful behavior for what, just for telling to truth their colleague**, this pain was real and now **I have the scans to prove what I was saying all alone**. I am **ashamed and embarrass** with the way I was a treated as a victim of such outrageous behavior. Based on information and belief, I truly believe each of these doctors have the same **insurance company policy carrier**. And this carries a **lot of weight as to how these doctors have no choice but to protect each other so that their policy would not go up from legal action against his or her practices**. I felt if these doctor going **to lie** on my medical records and not get caught, I going to prove that there

are unprofessional doctors out here. This is a same as to how far a doctors' would go to cover up medical malpractice.

On or before **July 19, 2010** I was diagnosed with **Parotid mass of uncertain behavior 235 Primary**. I had to go to the dentist/doctor for diagnose and treatment. I was about to **remove all my teeth because of this pain** I been experience. But for the next two years I was not being treated for this condition because they did not believe the pain I was feeling was real so this causes the delay and any treatment I need to have to take care of this matter.

It is **undisputed** that Ford done **some type of Open Setoplasty** for no reason. And the other ENT doctors **were clearly unaware for an entire year**. I can truly say after talking with other ENT doctors' have not done this technique and have not recognized this type of Setoplasty surgery. Ford may have took a **Open Rhinoplasty** with **Advance Open Setoplasty** surgery. **External Open Setoplasty** by means of an **Open Rhinoplasty** approach **should only be carried out** if the Septum was **severely damage** and this was the **only way to fix** the septum. If Ford would had order the MRI, CT scan, or X-ray prior to the surgery he (Ford) would have known the instinct of the damages of my septum and turbinate

Now, Ford owned a duty to me and he fail that duty when he was trying to cover up his medical malpractice and Ford standard of care to not oversee and or supervise what his nurse Mrs. Butler was doing during the material count and this lead to infection to begin with the plaintiff. Ford had a duty to monitor and diagnose the enlargement that was cause by a presence infection or disease but he just fail to do so.

When the lymph nodes becomes overwhelmed with debris from the illness infection it can cause the lymph node to enlarge and sell only Ford and the others ENT who are medical professional can diagnosed the cause of a swollen lymph node or mass that is located in the parotid gland, salvia gland and I believe this is made my Thyroid gland to enhance. These doctors fail to do just that. I had both my submandibular and preauricular swollen and still do. I have my sinuses infection and swelling in the nose to the point when I just touch the tip of my nose it starts to slowly swell. And my head, neck, ears and teeth this too can be signs of the submandibular lymph nodes that are on both side of my jaw. Ford **insist that the pain was in my head and this is gross simply negligent** and Ford breach his duty by not ordering simple **biopsy/culture test** to see why the Plaintiff was having these post op pain Ford or the other ENTs fail to do any of the following:

- Which of the glands is affected? Most commonly, it is the parotid. Conditions differentially affect the different salivary glands.
- Is the swelling unilateral or bilateral?
- Is the swelling painful? Pain may be referred to the ear or throat.
- How long has the patient experienced symptoms? Has the mass increased in size since it was first noticed?



- Are symptoms affected by eating?
- Are there acute or ongoing systemic symptoms suggestive of infection, autoimmune disease, sarcoidosis or malignancy?
- Consider current medical and dental history, medication and immunization record.

Now, none of this was done to come with a conclusion of why I was hurting like I was. I do know that this has been one of a **bizarre and uncontrollable incident** that was out of my control from the beginning, when I saw what Ford done to me and when I explain this to these other doctors they thought I was just lying. I am filing this lawsuit on several grounds in which those grounds will be in the motions.

Now, some of my grounds consist of medical malpractice & medical negligent, libel, punitive, comparative noneconomic, damages, misdiagnose, failure inform and diagnose in a timely matter and this negligent lead to **lymph nodes/mass to grow** from one side to grow bilaterally throughout the cervical/head and my throat area. It is **undisputed that these doctors have not given me a straight answer to the nature of my illness and because their refusal of collecting medical data/images report left me in this much pain.**

It is **undisputed** that an **uncertain finding** on a CT scan is **inexcusable** when the images had been done in the pass where comparison could have been conducted to fine out the nature of the mass/lymph nodes. It is **inexcusable** to allow saliva enlargement gland to grow bilateral without **monitoring** and treatment.

The doctors had insulted me by saying that I have **mental problems** as this was the only reason I was hurting so bad. These doctors fail to obtain medical record of mine for the purpose to do a comparison of the images to get the **underline cause**. Instead they **ignore the chief complaint** in order to deal with this issue in hand.

On one incident, I had a doctor by the name of James E. Taylor who is board certified as a license **Otolaryngologist and board eligible for behavior health** physician. The problem is that the doctor has not pass the test to be a behavior health physician and trying to diagnose a patient who comes in his office and barely treat the chief complaint by distribute antibiotics without doing **a infection culture or biopsy of the sinus wall is just gross negligent** because these doctor have **over prescribing antibiotics** as a means of treat everything instead of finding out what they are truly dealing with.

This lawsuit consists of several medical negligent such as: patient medical record tampering, altering, deleting, rewriting, patient abandonment, assault & battery, lack of consent, failure to contact the Food Drug & Administrative, discrimination of civil rights violation. I was concern on how a medical device and the **reused of my or any patient cartilage is used again** after it has been **crush** and inserted back into my nose without taking a **tissue sample to the pathologist** lab for testing. Ford was required to send my tissue sample to the lab but instead he wanted to do **short cuts** with my operation and this is negligent. This began a **chain reaction** of recurrent bacterial infection and some which

was unknown. I had been having severe pain in the **bridge, side, and nose tip now** underneath my nasal. The defendant Andrew Hunter Ford (hereinafter Ford) a general ENT surgeon mislead me and maybe other patients to believe that he has perform and is qualified to practice as an Otorhinolaryngology's/ Rhinologist as his specialty to name a few.

Ford had one of the best advertising companies who were able to lead people to his site by listing different type of special inquiry as one of his many skills. The problem with this is that Ford does not have his **sub specialty license** in **all** these area of fields. In order for Ford to be an **Otorhinolaryngologist** a candidate must obtain a medical degree in a **four year-sub specialty program** and complete with a residency, is required. Since the complaint, Ford had been trying to get his **advertising clean-up** to just advertise him as a General ENT Otolaryngology. Ford **only has one sub specialty license** and that is in the ears nose and throat (ENT) Otolaryngology. Based on information and belief, Ford has done some type of Advance Septorhinoplasty, Rhinoseptoplasty, Extracorporeal, with a Turbinedtomcy and nasal tip augmentation. I just want to know which one. **I am a victim** of a surgery gone wrong. Ford had misused **my consent** to do some type **Advance Open Setoplasty** in which cause for my nose to be open. This was extremely **unnecessary external incision**.

Ford has derelict his duty as a healthcare provider to exercise a sufficient standard of care and diligence; he neglect to inform me of the **Open Setoplasty by means of a Rhinoplasty**, Ford left this information out of our conversation and even when he asked for consent with Medicare he was not clear of the technique he was using. Ford continues to delay, misdiagnose and treat my post op care. Ford was negligent in performing inappropriate and unnecessary surgical procedures, neglecting to consult a specialist until it was too late; failure to report the complaint to the Food and Drug Administrative (hereinafter FDA). For the device and the reuse of my old cartilage could be causing my infection and is causing my body to reject whatever graft/stent Ford left in my nasal tip or bridge. These actions cause **the loss of consortium** with my husband and violated state laws by collecting fees through fraud or misrepresentation.

Now, based on information and belief, what this court doesn't know is that this company has done this before back in 2003 on a **whistleblower lawsuit** and the case against HealthCare Company (hereinafter HCA), Inc. its home office is based out of Nashville Tennessee. HCA was charge for **criminal** charges fines and **civil** restitution and penalties. The investigation revealed that HCA had systematically cheated Medicare, Medicaid and other federal funded health care programs through schemes dating back to the government recovered back to 1980's **with referral of patients**. This behavior have not stop it still continue to this date and I have the evidence to prove it.

Now, I placed my trust with my ENT, doctors, neurosurgeon and **radiologist** with those in the healthcare professional who were involved with my medical care. I had no reason to doubt these doctors/nurses during my course of my nasal repair surgery .and mass growth. And, to date I am still receiving **continuous care** in which I schedule a November 5, 2012 doctor appointment with Doctor David Slavitt who practice in New York and one with Doctor Shah in October 5, 2012 in Chicago. The reason I had to go out of state is because Ford done an **unrecognized Open Setoplasty** procedure **that no**

**General ENT is aware of in Nashville Tennessee other than a Rhinoplasty surgeon.** I found this to be very strange. That no General ENT doctor recognize this technique and this lead me to believe that something was really wrong.

I have seen several general ENTs here in Nashville, Tennessee. The problem is that it took them **a year** to inform me of this news. I never had seen anything like this before that no local general ENT doctors, do not recognize a **Traditional Setoplasty** procedure. I believe Ford Setoplasty procedure was done by means of **advance/ external open Rhinoplasty approach**. I was unaware until August of 2012 a year after the surgery. These ENT doctors who provided their services to me would not even tell me why they would not perform an **Open Setoplasty**. I believe because it is **unpredictable** or it was an **experimental/incidental** procedure. Based on information and belief, Nashville Tennessee board certified Reconstructive Rhinoplasty Facial Plastic Surgeon does this type of technique. Either way, I do not know what Ford done to me, and still do not because he tamper/alter my medical record. It is **undisputed** that a patient should have **the right to know** what is exactly being done to them during and after surgery. And, it is **undisputed** that my medical record was destroyed/rewriting, alter/and tamper. And I gave some of these documents for the other doctors to look at and they knew it was wrong and none of them would say anything to me other than one of them.

I am concern as to none of the said doctors' just look in my **cervical/nasal** area to get a tissue sampling and get a radiographic study. And they would have saw what I been complaining about all this time about the **mass/lymphocytes** that have **grown and multiply bilateral** but what Cherdak did not know prior to Doctor Vinson looking at Ford medical transcription report from August 2010 that both Vinson and Cherdak **couldn't see cartilage** on the MRI.

Dr. Cherdak could not give a accurate diagnose of what was wrong with me other then she stated that it was inflammation and nerve damage their in my nose. But what she verbally told me was somewhat different from her medical report dictation.

What I do could never understand is how doctors who can verbally tell patient things that statement would not be in a patient record. She stated that she would not diagnose me with fibromyalgia because of my anemia. I told her where and what year I was diagnose and who have given me a 22 page paper of this fibromyalgia disorder

When I inform Cherdak that Vanderbilt Orthopedic were the one who diagnose me of this illness back in 2006 she then got **extremely quiet**. And again this information was left out of my record too. Based on information and belief, I then asked Cherdak did I get misdiagnose by Vanderbilt orthopedics and she just did not say anything. **This type of bias needs to stop. These doctors have too much power in what they chose to insert and leave out of a patient medical record is just negligent behavior and this goes beyond the scope of her their employment.** This too causes a delay with patients care.

I told Cherdak that I did not want any medication. That I just wanted an answered to what was going. **Doping me** up and not finding the **underline** cause of my illness is negligent. Cherdak told me that the pain I was experiencing was coming from my nose

surgery from August 10, 2011. **I already knew** this, but I wanted to know. **Why?** No one done any **tissue sample** or test other than a MRI/MRA of the head was order.

Even though I was having pain in my head, I did not have head surgery so I felt that I should have seen a neurosurgeon of the face/ nose instead of a surgeon that deals on with only the head. But what I have notice with these doctors there is a **patterning**. As to their **intention to leave out critical information in a patient medical record and what these doctors tell you verbally will never be in a patient chart**. And in reality they are not inserting critical medical information in a patient record that would help him/her down the line to **get a true diagnose of a patient illness**. It's a shame on how far a patient have to go to protect what is verbally being told to him/her and what is not be stated their medical records. **I have seen and had heard** it all while in such pain, **I felt prejudice**. As a **lay person** we have many challenges in life and when we get sick to have doctors/nurses not to believe what we is feeling is real is unjust. Just so they would not testify in court. But do they not know they could be subpoena to testify in court anyway.

**As a victim of a crime**, I was treated unfairly and this leads me to be defensive. I was explaining what had happen to me and no one listened but **one** doctor. I continue to asked Cherdak and Vinson is there a neurofacial surgeon who does testing of the nerve in the nose they both told me no. And this was how I found out that Cherdak only deal with the head because she in up telling me that this is the field she dealt with.

Prior to Doctor Cherdak appoint. I then saw Doctor Edward Lee (hereinafter Lee) a neurologist but she told me that she would not be able to help me with my nasal problem while reading my medical operation transcription result from Ford that I have gave her. The problem with this is that was the reason for my visit. Lee told me this as if she just did not want to get involved. During the visit she asked me why I am walking with a cane. Lee said that I am too young to be walking with a cane. I then told her that I should not be discriminate because of my age. She then got quite as if she knew she had hurt my feelings. The problem was I went there **for this reason** but she treated me with another one. Just like in legal terms in court "**a bait and switch moves on me**". This again is another reason of my delay of care for my nose.

What is **undisputed** is that under the **differential diagnosis method**, doctors are required to make a list, either physically or mentally, of all of a patient's possible conditions that could be the cause of the patient's medical problem? The list is based on the patient's symptoms, medical history, physical examination, and the results of any preliminary tests or other observations. The possible conditions should be ranked by order of **severity** and **likelihood**. Once the list is complete, the doctor is required to go through the process of **confirming or ruling out** the possible conditions on the list, starting with the most serious **potentially life threatening condition first** such as the **saliva glands enlargement, periaricular node and the nasal pain**.

The changes in my nose have cause some skin loss with slight tone coloration, nasal tip pain, nerve pain. I believe this could be causing my infection too. My nasal wall is missing 1 to 3 cm of skin indent slightly. I believe that this was done by the Biove electrocauterly or too just too much dissected/resecting of my nasal cartilage and this is



noticeable. This too was not written in my medical notes during the procedure. Based on information and belief, what is **undisputed** is how other General ENTs' did not recognize Ford **Traditional Setoplasty** technique.

These doctors are not informing me **until a year later** that they would not do an **Open Setoplasty** procedure like Ford done on me. But one can **now argue** that since these doctors never perform a procedure like this **who can say** other than the patient how they are feeling. Especially, **after we know now that my medical record is not reliable and** we know that Ford dictation is not truly correct. But the error here is that this is what the other doctors had to rely on and this was not fair for me or them. What Ford done to me was made me look like **an idiot** because he had clean up the record where there was no evidence of what I was speaking about? But while Ford was destroying my records I was collecting data that he clearly do not have. And this court would be shock as to what I have to show this court. This was the reason for doing a **filming documentary** of my reconstructive procedure so that we all can learn from this mistake. But it took a complete stranger to bring this to the front so that this behavior want happen to a patient again.

Now, my blood pressure has elevating vary from 181/101 being the highest, pulse elevating to 107 of its high and my temperature is ranging from 99.8 to 102 on some days with having the sinus, alone with this other **rare mix bacteria** which they did not know the names of such bacteria. I was told that it was a yeast infection **but this rare infection was eating up my skin too** this causes some of my nasal pain and fatigue. I have been battling this for more than sixty (60) days and this has scared me to know that no doctors is unaware of where the **fever is coming from**. The delay has cause me fear and doctor Greaves from Summit thought I have been out of the country or in the mountains. I told the doctor that I do not have a pass port. I was diagnosed with **sinusitis** and a **rare mix mucus/bacterial infection**. I have been told by Doctor Kelly A. Carden (hereinafter Carden) who inform me that there is **no doctor in Tennessee** going to touch me within a **ten foot pool** or write a medical malpractice letter on my behalf Based on information and belief, I believe this is the reason of my delay in care. She slip and told me that she have been speaking with other doctors about my case in which I did not give her a consent to do this. I believe my Thyroid became irregular is because of my parotid gland and saliva gland is being dysfunctional. I have not had a biopsy order medication, culture test, to treat any of this enlargement or mass problem.

Doctor Carden had told me to visit Ford because he was the only one knew the operation he done on me. I told Carden like he going really tell me what is going on with what he done. Even though I did not want to go back, I went back on May 24, 2012 in which this was my last visit with him. Carden wanted me to do something that **was not legal** and she did not mention what she wanted me to do was not dictated this in my medical records. She is adding thing in my medical record and carefully selecting the words she wanted to put in my record instead of the entire visit what we discuss. Even though she knew I did not want to go back. I just went back to do of what she asked me to do. I gave her intent letter back in August 2012 in which she has not responding to the intent letter other than a letter she wrote back to say she could not be my doctor anymore. Based on information and believe; she and Ford may have the same insurance carrier. Which is the **State Volunteer Mutual Insurance Company** but Carden choice to ignore

new law requirements because someone is filing pro se temporary should not be over look this is just **unjust** and should not go unpunished.

Next, I have a copy of my CT scan for January 10, 2012 and the radiologist forgot to remove the **final result notes** from the patient CD copy. Doctor Mark Williams (hereinafter Williams) was the one who order this scan. The scan show that I have mass that has grown **bilaterally and is spreading throughout my cervical neck.** And my **symmetric submandibular gland has enlarged** and the **significance of this finding is uncertain.** I did not know why he/she said the finding was uncertain when there are many images they could have compare from.

This radiologist at Southern Hills Hospital did not dictate the **sizes** were. But the radiologist doctor or technician are supposed to **use size as a rough guide as to whether they lymph node and mass as to whether they are likely to be involved in any pathological** process. This is negligent because the radiologists are not comparing and dictating what they are seeing in my images. I continued to have mild left maxillary sinus mucosal thickening in which the reason he said that it is **mild** is because Ford remove **more than** ½ of my turbinate in which Ford stated he only remove 1/2. I was unaware that he was going to remove them at all he did not education what turbinated was and the important of a person turbinate's.

Now, over the course of months, my nasal skin were feeling as if was stretching/pulling and making a knuckle popping sound without the sound being present. The pain got some bad that it became and the nerve felt stinging pin and needles feeling. I felt numbness which spread throughout my face. This was the only way I could describe the pain. I have never felt like this before in my nose so it was hard to explain it to the doctors what was causing my pain. But they knew what was causing the pain but they choose to "**wait and see**" **I believe that something is pressing on my dorsum columella because of the swelling.** I just feels like a little **grilse** floating in there and when you touch it- it just move around. Ford was hoping that he would get away with what he done to me. The problem is that Ford was expecting that I **would not feel** the pain in my nasal/dorsal tip and the removal of my nasal tip cartilage and the bridge. My nose gets slightly swollen and turn colors when I touch it and it feel like mush where you can mold my nose to the shape. When I try to do this it causes pain. My nose slightly indents in size. It looks as if it has been somewhat burn. This was not part of my informed consent, and I was not aware of this risk of skin coloring slightly and the indent my nose feels like is can be molded. And I truly believe the blood flowing correctly to my nasal tip and this is why my skin tissue may have grown over a bad nerve and this is the problem the nose swelling.

Now, a minority of **surgeons** use the **open approach** exclusively for all their patients. Reasons for doing so may **include a lack of experience** with the closed approach. It is important to note that multiple grafts including columellar strut grafts and batten grafts are sometimes more easily inserted **through the closed approach.** While the **Open Rhinoplasty incision generally heals beautifully in skilled hands, an unnecessary incision is always best avoided.**

This lawsuit brings about the doctors failure to diagnose the injury of

postoperatively. A high level of suspicion for nerve injury should be maintained after all nose surgery. Ford denial of possible injury delays appropriate treatment for my complicate and this spark our relationship. Since my nerve is suspected, Ford do not make a timely diagnosis, taking responsibility for the injury, and referring the me to a physical therapy and possible repair by an experienced **peripheral nerve surgeon**. I had an honest and open communication with these doctors and I felt betrayal because they thought I made this up. So I have been in **unnecessary pain and fever for nearly fifteen months for no reason**

Now, I am requesting this court for balancing the Equities in this case. I am requesting for an extension of the time limit or a delay in filing because **it took me a year** to find out from these general ENT doctors that these doctor do not recognize Ford procedure Vinson had to go to doctor Reis a Rhinioplasty to get some type of answer. I have call most of Nashville, Tennessee general ENT doctors and they all told me that they only do a **close Setoplasty**.

**Federal question** under the new law for medical malpractice expert if your local General ENTs doctor' **do not recognize** a simple **Traditional Setoplasty** procedure how can a plaintiff get a medical doctor to say that the procedure was done wrong if they do not recognize such procedure/technique?

Now, Dr. Vinson, Carden, and Sangeetha all told I me that they would not write their medical dictation like Ford did. I told them why haven they reported him. No one said anything. But they have a duty to report such behavior.

Vanderbilt Hospital wants every doctor who operates on a patient to dictate everything in that patient medical operation report. Ford was missing wording in his finding and he was removing nasal parts that he should not have done especially if the information is missing from the record the patient consent form and pre op report. The patient was unaware of Ford intention of removing such maxillary crest spur.

**Federal question** is there a **conflict of interest** in which an insurance company like **State Volunteer Mutual Insurance Company** who **representing nearly all of Tennessee doctors/nurses policyholders** in this state should be represents the defendants. And if a doctor chooses to write a medical expert witness letter to the plaintiff would they be **red flag** said doctors for testifying for said plaintiff. Can the insurance company drop these individuals, and is a **clause which states** that it doctor or nurse goes against the company for any reason can the insurance be cancel leave the doctor or nurse with medical insurance coverage.

Now, I just want equity (**fair play**) in this court. This was not under my control and I am still having **continued of care** which it has cause me to travel outside the states even though I am not able to do so at this time. I will be having corrective reconstruct of my nose and **this take time and money for something I did not cause to myself the Defendants did**. And Sangeetha/ Mariah were supposed to send this request in months ago and they still have not done this request. Medicare told me that if I go I have paid for this trip myself if the paper work is not in their office. This has caused a delay with my trip and so this has to say in me a little longer. This pain is very unbearable, in which you

have to experience yourself to see what I am feeling. There are no words for the way I am feeling. It seems as if Medicare/Medicare **may not pay** for this because it is out of network. These doctors verbally told me that they have not and would not do a Setoplasty like Ford did to me. The problem is that they could not put this on paper but verbally tells me this. They do not want to keep a **paper trail** of what they all telling me but they keeping a paper trail on what I am telling them which again this is **bias**. **And is this medically correct?**

Now, after the surgery in **August 10, 2011** I still was suffer with difficult breathing, plus nasal pain, post-nasal drainage, loss of taste, smell, gasping, snoring while sleeping. **On January 2012** examination revealed that my left maxillary sinus has infection but when I went back to Ford he stated that **he did not treat me for my sinus**. **If you recall in the prior above statements of this complaint this was the reason for my visit with Ford in the first place for my sinus and right ear lymph node pain back in July 15, 2010.** Again, Ford is a General ENT and he is just being negligent by overlooking illness he should be treating. Another example of example of this is where **Dr. Ford drove to his other place of business where he works for MMC who owns this location 1004 North Highland Ave to used their computer and pull up my medical chart to dictate. What he wanted to add and remove wording in my chart because based on information and belief; this office do not have a medical patient chart program in place yet in which Ford and any other doctors and nurse can go back to a patient medical chart at any time or day of the year to make changes in a patient record and want be able to get caught inserting and deleting new dictation. If you do not know anything about computer, Ford went out of his way to commit medical record fraud.**

**Now,** My husband had to take me to most of my doctor appointment and confront me at home by kissing me in the effort to relax me and turning the television station to my favorite show. And, now he and I have to travel out of state for office visits and to schedule reconstructive surgery and this take time. All of this has keep me from deteriorate.

Now, a another legal issue has raised, the **doctrine of continuum** of care because these general ENT doctors in Nashville, Tennessee I saw here did not recognize the Setoplasty procedure Ford did and inform me that they would not do this at all. This lead me to search for a doctor that was out of state after calling several doctors here in Nashville Tennessee they informed me that a **Setoplasty is only a close procedure not an open one**. The only way you would do an open approach is when the **septum is severally deviated** and there was no other choice to work on the septum.

In my case my nose was only had a 3mm left deviated septum with a left turbinate hypertrophy? However, when there is continuum of negligent of medical care related to a single condition occasioned by negligence, over a finite period of time. The allegation is that **the facial CT scan was misinterpreted when originally read** by the radiologist. In addition, none of these ENT doctors' notice that I had a **maxillary crest spur** was removes. And it took a year later for them to inform me that they would not do this.

Thus, there are several negligent acts relating to one condition. What is



**undisputed** is whether the tests are separate action or a continuum of negligent treatment as my claims. It was **undisputed** that my MRI, CT Scans and X-Ray should have been **compared to other images**. I have told each of these doctors to do this one little thing but these doctors just ignored my request. I got feed up and brought the paper in myself August 2012 when I gave it to Doctor Williams, Vinson, Lee and Taylor they just did know what to say other than they would not perform a Setoplasty like Ford did. It is **undisputed** that it took these ENT a year to long to inform me that they would not do an **Open Setoplasty** by means of Rhinoplasty or whatever Advance External Setoplasty Ford did.

I call Doctor Becker his assistance told me too that they do a **close Setoplasty**. The only reason to do an **open Setoplasty** is only if you had any **Rhinoplasty done**. What I do believe is going on is that Ford is doing all his **Setoplasty open**, but you not supposed to do an **Open Setoplasty** not unless it is **severely medical necessary** and in **my case it truly was not**.

**The question is whether** Ford did an unrecognized **Open Setoplasty** procedure. Ford operation is only noticeable by a Reconstruction Rhinoplasty Facial Plastic Surgeon and this type of specialist has to be the one to correct Ford medical error. Other general ENT would not have done an Open Setoplasty and I don't know of any doctors in Nashville, Tennessee that would do one like Ford did. **I do know that Rhinoplasty surgeon would do an Open Setoplasty** while conducting Rhinoplasty procedure surgery but Ford is neither a Rhinoplasty surgeon. Ford has an ENT with a License to practice **general operation** on a patient and whether we can rely on Dr. Ford medical dictation after we know it not reliable.

**Federal question, whether** it's normal or medically correct for Doctor Vinson to go and get assistance for her partner for an answer that only Doctor Reis who is a Rhinoplasty surgeon would have known. And he gave us the answer we were looking for the entire year. And she this process is writing in the patient medical record too.

**Federal questions whether** it's impossible for plaintiff to get a medical expert to testify against an **unrecognized Setoplasty** procedure if there is a conflict of interest of the Defendants insurance policy holder withheld these doctors to do such testimony. Plaintiff argue this has been a problem for lay person her in Tennessee which cause bias on medical malpractice case. So the injure lay person be left to **drop a serious lawsuit** only because they the Defendants know how **to get away with medical malpractice**. And based on information and belief, **State Volunteer Mutual Insurance Company have been sued for such conspiracy cover up in the past**.

Ford et al negligent cause the injury of the plaintiff wherefore it lead to the damage, physical pain, mental anguish, additional medical bills, long time care, and loss of any future work earning capacity. Ford leaving a sponge in me without prescribing medication lead to the infection.

**Federal questions whether** an expert witness can tell a lay person that they would not work with them because they are not a lawyer and can lay people who filing prose temporary be treated unequally from a expert witness in Tennessee only because

they are not a lawyer. I have not read or found a state or federal law which states that a person must be a lawyer in order for an expert witness can work with a pro se plaintiff. Plaintiff argues that it has been very hard to find an expert witness in Nashville, Tennessee because of the type of Setoplasty surgery Ford done is not recognizable in this state. This was **not under the control** of the Plaintiff. This cause **un-do harm** for filing on time and how a pro se plaintiff can be treated differently only because they don't have license to practice law. What are we saying that since people are filing pro se temporary that we are not entitle to such equity as a lawyer.

And **whether** we must be a lawyer before **any expert witness in Nashville, Tennessee** can help us? This has cause harm too because the Plaintiff has to find expert out of state because operation that was perform her is not recognize. Plaintiff argued that she has a list in which called and spoke with said experts from Nashville, Knoxville, Lebanon, and Memphis she spoke with because they are being bias for no reason.

**Federal question whether** how Tennessean lay people case every gone to trial in Nashville, Tennessee when there **are serious** medical malpractice cases that are being drop only because we are **being violated of our due process and the few experts here** in Tennessee are making it extremely hard for us to use them only because we're **are not lawyer** is just **bias**. We are being hurt/injure in **all angles** and there is a lot of cover up and home cooking going owe with the insurance company and their doctors'. This behavior need to be exposed. These doctors do not need just a slap on the wrist as a punishment.

And, do we have to be **rich** just to use the court system it truly unjust and bias. We are dying her for no reason just because we are poor so everybody wants to **walk all over us**. And, all this has happen to me because I am poor and I told the truth about what is happening to me. I find it strange that these doctors do not recognize this procedure. We this can easy can be proven with their past and present Setoplasty operation. This is truly a sad day that our court house are being treat in a way were bad people can get away with criminal and civil crimes. I'm just saddened; while in pain have all this happen to one person for no reason what so ever. This is just too much pain for one sole to endure all at once.

### **CASE LAW**

In **Meadows v Patterson** the Tennessee court decisions. *The rule is that a hospital nurse, although not in the regular employ of the operating surgeon, is under his special supervision and control during the operation and the relation of master and servant, or principal and agent, exists during the operation and the surgeon is responsible for the negligence of the nurse.*

**French v Fischer** The courts stated that Tennessee had elected to follow the cases, which made the counting of sponges an administrative function and not the result of the surgeon's control over the operation. However, the court did find that there was negligence individually on the part of both the doctor and the scrub nurse. The doctor was

held for his own individual negligence and Baptist Memorial Hospital was held for negligence of the scrub nurse under the theory of vicarious liability.

"The **common law doctrine** has been described as follows:

[I]f the facts show **continuing medical or surgical treatment** for a particular illness or condition in the course of which there is malpractice producing or aggravating harm, the cause of action of the patient accrues at the end of the treatment for that particular illness, injury or condition, unless the patient sooner knew or reasonably should have known of the injury or harm. . . .

*Hecht v. Resolution Trust Corp.*, 635 A.2d 394, 401 (Md. 1994); *Robinson v. Mount Sinai Medical Center*, 402 N.W.2d 711, 716 (Wis. 1987). The rationale underlying the rule is that a patient must trust a physician to remain in his care and during that care; the patient is not likely to suspect negligent treatment. 'It is **the trust relationship that may make discovery of a claim difficult.**'

Section 8.12 of the AMA's Code of Medical Ethics: Current Opinions clearly states,

**It is a fundamental ethical requirement** that a physician should at all times deal honestly and openly with patients. **Patients have a right to know their past and present medical status and to be free of any mistaken beliefs concerning their conditions.** Situations occasionally occur in which a patient suffers significant medical complications that may have resulted from the **physician's mistake or judgment**. In these situations, **the physician is ethically required to inform the patient of all the facts necessary to ensure understanding of what has occurred.** Only through full disclosure is a patient able to make informed decisions regarding future medical care.

**Ethical responsibility** includes **informing patients of changes in their diagnoses** resulting from retrospective review of test results or any other information. This obligation holds even though the patient's medical treatment or therapeutic options may not be altered by the new information. Concern regarding legal liability which might result following truthful disclosure should not affect **the physician's honesty with a patient.**<sup>2</sup>

**This statement nicely captures** the moral rationale for error disclosure: Patients have a **categorical right to a reasonable disclosure of truthful information** about their health conditions, to the extent that information is available to and known by their treating professionals.<sup>3-6</sup> Historical anecdotes amply demonstrate, however, that when a patient's adversity results from a medical error, the truth-telling and disclosure obligations described in **section 8.12** are frequently disappointed, and primarily for the very reason

that the section identifies: the professional's concern regarding legal liability. A 2002 study of disclosure practices reported from more than 200 hospitals stated,

More than half of respondents reported that they would always disclose a death or serious injury, **but when presented with actual clinical scenarios, respondents were much less likely to disclose preventable harms than to disclose no preventable harms of comparable severity. Reluctance to disclose preventable harms was twice as likely to occur at hospitals having major concerns about the malpractice implications of disclosure.**

**That finding ought not to be surprising.** A considerable body of literature attests to how the threat of a malpractice action, along with feelings of inadequacy and incompetence, causes immense anxiety among health professionals, and how they adopt a variety of defensive mechanisms—including **rationalization, distortion, blame shifting, and omitting mention of the error to the harmed party**—when faced with the commission of a harm-causing error.<sup>8</sup>

**“The insured shall not, except at his own cost, make any payment, admit any liability, settle any claims, assume any obligations or incur any expense without the written consent of the company.”**<sup>13</sup> This clause, which obligates **the insured** to cooperate with his or her insurer and desist from cooperating or colluding with the injured party, **has a chilling effect on many error disclosures.** The frank admission of a harm-causing error—e.g., “Mrs. Jones, an error occurred in your care that was responsible for the harm you experienced, and we apologize for the harm it caused”—is a slam-dunk admission of liability. **But because it violates the cooperation clause, the honest disclosure of harm-causing error risks the possibility that the insurer will refuse to cover whatever associated costs, principally from a lawsuit, might occur to the insured from the error.**

An admission of fault exposes the doctor and/or institution to damages per se. And the medical malpractice...insurance policies usually provide **that an admission of the insured of error voids coverage for the related claims for damages.**

The physician who wishes to act ethically and disclose a harm-causing error is therefore confronted by the possibility **of financial, and, perhaps professional, disaster.** In what follows, however, **I argue that** (1) reported cases where insurers successfully denied coverage to insured's who violated the cooperation clause exhibit factual situations that bear no resemblance to a health professional's disclosure of harm-causing medical error, as morally required; (2) as applied to **the truthful disclosure of medical error**, the cooperation clause might be unenforceable; and (3) as a strategy for conserving the insurer's loss reserves, the practice of concealing **error might be entirely counterproductive**, i.e., concealing error might cost the insurer more than would truthful disclosure of harm-causing error.

**Now, physician's admission of liability to a harmed or injured party appears to constitute a theoretical violation of the cooperation clause.** Yet, I have been unable to locate any case in which an insurer successfully denied coverage to an insured party whose ethical code required truthful error disclosure and who did so. **There are cases**



where insurers have successfully denied coverage for an insured's violation of the cooperation clause, but these cases exhibit fact situations that bear no resemblance to an insured health professional's promptly admitting fault to a patient who has been harmed from error. While health professionals might still choose to **conceal error information from patients or an insurer might try to deny coverage** to the health professional who admits liability, an historical review of legal precedents does not support the belief that coverage revocation is a likely response from an insurer to a health professional's disclosing harm-causing error.

**Ethical reflections on the cooperation clause Preserving “sound morality” and the public interest**

**Insurance policies of any kind**—e.g., life, health, casualty, liability, title—cannot anticipate that their contractual stipulations will be enforceable if those stipulations violate existing statute or public policy, or if the insured's enacting those stipulations smacks of some “**prohibited activity**.” In 1898, the U.S. Supreme Court ruled that any insurance policy, “the tendency of which is to endanger the public interests or injuriously affect the public good, or which is subversive of sound morality, ought never to receive the sanction of a court of justice or be made the foundation of its judgment.”<sup>19</sup> **Therefore, if a medical malpractice insurer denies coverage to a physician on the grounds that the doctor violated the cooperation clause by informing a patient of a harm-causing error**, the physician is likely to have a strong argument in court that he or she had a moral obligation under section 8.12 of the Code of Ethics. Put otherwise, the insurer that seeks to deny coverage by alleging a cooperation clause violation should be prepared to argue to the court **why a physician concealing an error** is not “subversive of sound morality”—**because medical ethics is categorical on the physician's moral obligation to disclose error to a patient who has been harmed by it.**<sup>4</sup> Furthermore, as health care professionals increasingly understand “patient-centered care” as synonymous with “**ethically sensitive care**,” it is important to note that patient survey respondents overwhelmingly say they would want to be informed of error if they were harmed from it.<sup>20</sup> As such, formal ethical obligations coalesce with patient expectations in the honest disclosure of medical error. Indeed, perhaps because considerations bearing on “sound morality” so strongly encourage error disclosure, no insurer appears to have successfully invoked the cooperation clause as grounds for denying coverage when the only issue was the health professional's truthful error disclosure to a harmed party **Ford et al learned how concealing error information from harmed the Plaintiff be tantamount to fraud.** Liability insurance particularly requires that the occurrence for which the insured is claiming coverage be an accident and not intended by the insured. Ford did not report any incident to his insurance carrier, and this is how Ford has been getting away of having a clean medical records with no complaints, based on information and belief; they are destroying these complaint in order to have a good record.

Dr. Ford leaves a nasal packing in me and then **lied about this is gross negligent.** The packing was sewn in my left nasal and I have the stitch to prove this. And after the operation he **neglects to x-ray the surgical site to determine that all surgical artifacts have been removed** are gross negligent. I begins running a high temperature, and an x-

ray taken months later **clearly would not shows the surgical instrument**. Dr. Ford did **not inform me** of his need for of any additional surgery. And because of his fear that, **admission of the error would count as a violation of the cooperation clause**. Indeed, Dr. Ford's failure to inform fraud.

Doctor Ford performs a Close Setoplasty after I gave Ford my informed consent for this procedure he perform an Open Setoplasty or some type of Open Setoplasty by means of a Rhinoplasty in which I did not know and he chose to remove a maxillary crest spur without my consist. This is truly a **lack my informed consent violation**. It was not necessary for Ford clearly remove my maxillary crest spur and opens me up for a close procedure. Again my septum was not severely damage it was only 3mm deviated. Ford needed to get a separate informed consent for removing my nasal tip cartilage and my maxillary crest bone spur.

### INFORM CONSENT

Canterbury v. Spence, 464 F.2d 772, 1972

In this well-known case, the Court argued for a *reasonable patient* standard of informed consent. In doing so, the Court presented arguments against a *physician-oriented* standard. The case involves a boy who suffered paralysis after back surgery. He claimed that he was not adequately warned about such risks.

Cobbs v. Grant, 8 Cal. 3d 229, 1972

The patient alleged that the surgeon violated his duty to obtain informed consent to surgery by failing to inform the patient of its inherent risks, many of which materialized. The Court concluded that the informational needs of the patient are paramount in obtaining informed consent.

### Lack of Consent and Battery Claims

Johnson v. Kokemoor, 545 N.W.2d 495, 1996

The central issue was **whether performance data should be disclosed**. A claim was made that the physician overstated his competence. **The expected risk from a surgeon who lacked experience was much greater than the morbidity and mortality risk from the best surgeons. A reasonable person in the plaintiff's position would want to know that their chances of death or injury would be higher given the surgeon's experience.** However, the Court clearly cautioned that the finding, that the **risk should have been disclosed**, applies to "the circumstances of this case."

Blanchard v. Kellum, 975 S.W.2d 522, 1998

A woman had all 32 of her teeth extracted during a dental visit. She claimed that she never authorized that all of her teeth would be extracted in a single visit. The extractions caused her to be hospitalized. The issue at stake is whether this case should be handled as negligence or as battery. The Court observed: "We believe that there is a distinction between: (1) cases in which a doctor performs an unauthorized procedure; and (2) cases in which the procedure is authorized but the patient claims that the doctor failed to inform the patient of any or all the risks inherent in the procedure." Furthermore, "The primary

consideration in a medical battery case is simply whether the patient knew of and authorized a procedure. This determination does not require the testimony of an expert witness."

Perna v. Pirozzi, 457 A.2d 431, 1983

The Court stated the problem at hand: "We must determine whether that substitution [of one surgeon for another], even when the two surgeons are engaged in a group practice, constitutes malpractice, a battery or both." Citing the Judicial Council of the American Medical Association, the Court concluded that in this case switching surgeons amounted to deceit, and therefore the lack of informed consent should be treated as battery.

Shine v. Vagas, 429 Mass. 456, 1999

The Supreme Court of Massachusetts clearly rejects the notion that in emergency situations competent persons may be treated despite their refusal of treatment. The Court considered the emergency conditions under which consent is not required based on the doctrine of presumed consent: **"If, and only if, the patient is unconscious or otherwise incapable of giving consent, and either time or circumstances do not permit the physician to obtain the consent of a family member,** may the physician presume that the patient, if competent, would consent to life-saving medical treatment."

Wells v. Van Nort, 100 Ohio St. 101, 1919

A woman consented to surgery to remove her appendix, but during the surgery her fallopian tubes were removed because they were found to be diseased. The Court held that the woman did not consent to have her fallopian tubes **removed and that this was not an emergency situation.**

Moore v. PMMG, 178 Cal. App. 3d 728, 1986

The plaintiff was examined by one of the defendant's company physicians. During the examination, the physician observed a mole on the patient's ear. The physician indicated to the patient that he should **see a specialist at once, since all moles are suspicious. The patient did not see a specialist. Subsequently, a biopsy disclosed that the mole was malignant melanoma. Moore suffered distortion of neck and facial features.**

#### BACK GROUND HISTORY

**December 21, 2009** my First visit consult with **Sleep Center of Middle Tennessee** (hereinafter SCMT) in which they are owe by HCA/ which is now call TRISTAR the reason I went there to control my fibromyalgia, snoring, and poor sleep, while I sleep. Doctor Carden did not believe that I had sleep apnea. I believe this was due to the way I look so ran this test to rule this out but come to find out the test confirm that I have Obstructive Sleep Apnea (hereinafter OSA.)

**December 29, 2009** Follow up visit with SCMT to go over sleep study review that I had OSA

**February 11, 2010** follow up visit SCMT used on CPAP machine.

**February 15, 2010** Follow up visit SCMT CPAP follow up Carden stated that I am using

the Medicare requirement of the usage of the CPAP machine she wrote snore on nasal PAP was resolved but to date still have snoring

**July 03, 2010 A Maxillofacial CT** without intravenous contrast was conducted at Southern Hills Hospital. It is **undisputed** that Ford **did not inform** or Medicare that he was removing a **maxillary crest spur**. Ford **had a duty** to inform me of all procedure prior to surgery Ford **breach** this duty when he negligently lack to inform me of this procedure, and it is **undisputed** that this was not noted in Ford finding prior and during the operation. It is **undisputed** that Ford removes and crushes my nasal tip cartilage and this was not in Ford finding before and during the surgery and Ford did all this without my consent and this consist with assault and battery.

Now, it is **undisputed** that the **radiologist technician/doctor** noted that I had nasal swelling and a **3mm leftward** nasal septal deviation **but there was nothing writing about the turbinated swelling or a maxillary spur crest was damage**. But there were small polyps/cyst in appearance but Ford did operate on the said polyps/cyst, no acute sinus fractures demonstrated. No underline nasal bone fracture intact nasal process of the maxilla.

Now, it undisputed that there was no mention in Ford medical **finding or during my surgery that he needed to remove the spur and the nasal cartilage**. Based on information and belief, this **oversight of Southern Hills radiologist doctor/technician lead to the crushing and removal of my maxillary crest spur**. Now this agent for Southern Hills had a duty and that to read and dictate what he actually saw on the images report. This agents/servant/employee breaches his or her duty when he/she misread the images and their negligent lead to Ford removing my maxillary crest spur. This was the **first incident of the radiologist dictation missing critical information of my scans**. And Ford had a duty remove or inform me of such polyps/cyst and then send a tissue sample to pathology. Ford breaches his duty when he lack send tissue sample to see what they were.

**July 15, 2010** follow up visit with John Kenneth Mori MD at SCMT where Carden was working. Carden stated that I been **more faithful** with the PAP use in the last 2 weeks. I was having difficulty **exhaling** against PAP she stated that I told her **it was due to allergy** there was an oral pressure leak using PAP occasionally I told her that I am having trouble using the **machine due to my congestion issues** I began try using a nasal spray.

**July 15, 2010** Ford stated in his dictation that, he consider for me to have a reduction of turbinate **improvement of nasal airway**. **Again**, Ford impression finding did not **mention a maxillary crest spur**. The reason why? Is because Ford fails to **order any x-ray or scans** and Ford did not request **any old MRI or CT scan** on my nasal. Ford had a duty to get those images so that he would not go into my **surgery blindsided** but Ford breach hid duty when he just did not want to get those images. And his negligent lead to my injury. And we know now is that **all ENTs doctors are supposed to get or order some type X-ray or CT scan before surgery**. **Ford did not do this at all he fails to** make such request. Ford never informs me that turbinate well and shrinks daily one or more times a day. Plaintiff argues that on the day of my exam my turbinate could have been swollen but it could have gone down after Ford visit. And this is what turbinate's is



supposed to do. Ford was going to cut outside my nose. Ford did external incision to a **Rhinoplasty approaches** to perform this surgery. Ford not only mislead Medicare/Medicaid because for not informing them that he was doing external incision of my nose because the reason Ford did is because he knew they would not have paid for this procedure because this would be more of a **Rhinoplasty surgery with Setoplasty work** done. Or the surgery technique Ford sure was to allow him to enter other parts of my nose and septum so he could do work in that area too. And Ford **did not put his start time** when he work on the **septum** and ended time. And when he began to do work on the nasal tip time start and end time and the start time end time of his reduction of the turbinate's and etc. **Lastly there was no start and end time** for removing the maxillary crest spur. Ford done multiple procedures on me this day I only knew of two things Ford was supposed to do. In which I was unaware of. This is a different procedure and they should have had different **CPT code** but they did not. And this action that lead to assault and battery the incision underneath my nose this process left a permanent scare for the rest of my life Ford had a lack to inform me and he breach his duty as my physician to not inform me on what he was going to do to my body.

What I do know is that there is more than one **scaring, there is one outside my nose and one in side is knot that is about 1or 1 ½ in size. It is undisputed that if a patient** nose has scaring **from a surgical technique** it means something went wrong because it did not heal correctly. Now there was nothing in the state that this surgery can lead to not incision in a patient nose after a surgery. I truly believe that this knot may have come from Ford yanking out the nasal packing for so long that some of the tissue was growing up top of the packing splint. Or this came from the way Ford cut my maxillary crest spur. Either way both incident was done complete wrong, **Ford fail to dictate that he cost the patient to have scaring on the outside and inside the patient left nostril. Ford was slandering my name by stating in my medical record that I was like a junky that is taken too much nerve medication. But this medication would not make anyone depending on the medication because it not an addicted medication.** Ford has a medical duty to insert what he saw in my nose before and after surgery.

Now the purpose of Ford **exploring** my nose is because he wanted to perform some type of **open / basic functional Rhinoplasty** surgery to fix my deviated septum and it was just **unnecessary**. And all general ENTs' knew this statement to be true. Ford did not inform **Medicare/Medicaid** with the incision underneath my nose to do a **Functional Rhinoplasty to improvement my nasal airway**. Based on information and belief, none of my **post office visit** was charge from **October 17, 2011, October 20, 2011 and September 01, 2011** to Ford. Ford inserted a device in mine nose that cause me to bleed afterward because he was going so deep in my nose to remove the surgical nasal packing that was sewn in my left nasal. **It was so deep I have grab Ford leg due to the discomfort.** What I did not know was why he was trying to cover this incident up. By Ford doing this cause a chain of events in which I told the other doctors I saw and they did not believe what I was saying to them. They all thought I was making this up too. I **felt predigested** for several reasons and one being because this was their colleague and they were very, very protective of Ford and this should not have happen. So let the record show that the plaintiff is planning to **film the reconstructive my surgery** so that this

court and the other physicians' who was unaware of this technique can understand the procedure Ford did to me. The surgery would be able to tell this court and the rest of us what he done to me and why again it was not dictated on my medical transcription report. If Ford did use a nasal packing like I say he did, I was not lying about the incident. But Ford et al was determining to make a fool out of me by rewrite my medical records. My records that **had different front size wrong location etc.** And it took twelve (12) months for Doctor Vinson from Vanderbilt to believe what I was saying after she read the surgery report that the performance was one she did not recognize.

**Federal question** How far does a patient have to go to prove that what she was saying all alone about a doctor is really true? Does he/she have to go undercover to commit a crime in order to show how one of their colleagues can actually lie to Medicare and me in order to protect their license. How far will a doctor and their staff go and if the patient did not have the proof these doctors could have got away of medical malpractice. Instead these doctors slander my name for no reason and put inserted in my medical records to make me look like the bad guy. Isn't this illegal too?

**Now**, if the patient did not have the evidence of the lie. These doctor behavior shows how innocent patients' are being caught up in medical malpractice cover up and in instead of the patient advocate being open minded on what the patient said at time as being the truth they rather call the patient a liar and abandon them out of the clinic and is this retaliation. Sending patient to the mental hospital for no reason at all is say. Without my evidence its shows me how doctor and nurse **will protect their brother keeper.** Doctors like these make it their "Norm" to cover up evidence and commit conspiracy and fraud, just to protect their medical license.

So, **what do we do? Just because we are poor do not give doctors and nurses the right to cover up** medical malpractice because he is someone friend or they just did not want to get involved. These doctors continue to cover up by inserting information in my medical record after it has been electronically file. **So again what do we do? Just imagine the horror I had to endure while extremely sick trying to protect my dignity.**

Ford claims he removes debridement from my nose based on information and belief, Medicare would not pay Ford for leaving a **foreign object in a patient**. Ford removes the nasal packing on September 01, 2011 that morning but he lied to Medicare and stated in my record he remove debridement from my nose. I witness Ford removing this object out of my nose myself.

**Federal question** if a doctor removes your nature cartilage and crush them all in fine pieces and inserted the crush cartilage back in a patient is this **consider a foreign object because the cartilage is not at its nature place doing what is was supposed to do. And since you cannot see the cartilage in any images how do a patient know the cartilage is cause a patient pain if you cannot see this said object in its new location to see if it's doing what it supposed to do. You can't see the infection from any images. Should a patient be aware if their cartilage going to be remove and crush and reuse for whatever purpose. And before any tissue goes in or out of any patient should the said object be sent to the pathology lab for test before inserting the object**

inside a patient body?

Ford knows it is against the law to charge Medicare for a medical mistake that occurs during a patient operation. Ford office visit then cost **\$125.00** each time I visit his office that year. I called Medicare and they inform that Ford did not submit a claim. The only claim Ford got paid for was a blood order on **October 20, 2011**.

What I do know is that the **Open Setoplasty by means of a Rhinoplasty** would require **Ford leaving a nasal packing** in for a **few days** to control the nasal bleeding. The problem is that Ford did not mention that he left a **nasal packing or a graft/stent** in me. But the procedure/technique Ford did requires it. Ford cannot **use only my crush cartilage for nasal tip support**. Ford should have known that he needed to use a **solid object** other than my own cartilage for support. But **Ford was never supposed to do nasal work form the get go**. This too is a separate procedure.

Now, **under our system of justice system** the consent to treat: In 1914, **Supreme Court Justice Benjamin Cardozo** wrote:

"Every human being of adult years and sound mind has a right to determine what shall be done with his own body; and a surgeon who performs an operation without his patient's consent commits an assault for which he is liable in damages. This is true except in cases of emergency..."

Another **Justice Cardozo's** wrote that **strongly worded decision gave patients real but still limited power**. Although doctors at the time were required to get permission from patients to perform surgery, they were not required to explain the potential risks. **Decades later** the courts have declared that patients have a right not only to say "yes" or "no" but **give meaningful** consent, which can be given only after all of the potential risks and benefits of a procedure are explained to them.

But in my case Ford did not inform me that of a partial Turbinedectomy could lead to the development symptoms of **atrophic rhinitis**. They called this condition "**empty nose syndrome**" and to depict how unnatural these noses looked in CT findings and upon physical examination. I have emphasized how negatively this condition had affected **the quality of my life and sense of wellbeing and my nose has worsen** over the year, this surgery has cause **damage and wear and tear due to the loss of my turbinate protection**, as there was no other cause that could explain this. **There is the controversy with removing turbinate's**. And I did not want to **be part of this debate**.

The whole goal is to for me to be able to **breath better at night and when Ford just widen my nose to open up my airway** was not going to fix this problem. Ford fails to find the underline cause to my breathing problems. Ford crush my cartilage and the problem with this is that when he crush my nasal cartilage and bone he left no support there. **I don't believe he use a strut or graft** but if feel like something is theirs. Ford problem used old crush cartilage to build the septum and nasal tip support. Ford did **not weigh his option**. The reason I think Ford did not use a graft is because he do not have the **level of expertise and training to proscribe the right graft to used**. I think that Ford does not have experience **with synthetic grafts and this can limits his practice**. Doctor

Ford determines the type of procedure should have been the most appropriate for me not for him.

Now, the **unethical** and **moral** behavior I have witness from these doctors/nurse such as Sangeetha told me that Ford **was going to cover up the incident. That he left** the nasal packing in me. Sangeetha told me to **just let it go**. But the problem is that she has a personal interest in this case too because Doctor Ford is **her son's** doctor. I told her this is a conflict of interest and she said no it wasn't. And this is why her judgment can be bias. I brought a friend at my last visit so she too can see their behavior herself.

**Based on information and belief, I think all these doctor have State Volunteer Mutual Insurance Company** and this was another reason for finding outside doctors. What I did not know is why these doctors here would not perform this type of **Open Setoplasty** surgery. It felt like I was pulling teeth for them to give me a reason as to "Why" they would not perform this surgery this way. **None of them gave me an answer to me question.** I need to know and I have every right to know especially if they got paid for me to get the answer I was searching for. They act like it was a secret.

Again, they would **verbally tell me things and would not put this information on my medical record.** It is **undisputed** that everything that is discussed in a doctor's office visit is not being documented. There have been doctors that do **selective listen** and Ford is one for them. What Ford did not mention inform me about **this surgery that the surgery may cause adjusts with the way my nature warm, moistened and filtered way of breath out of my nasal** and Ford know it was a possibility but fail to inform me of this risk and he did not insert this in my medical record. This surgery has damage the natural production and slightly change the right side of my appearance.

This complaint demonstrates how widely ENT surgeon's opinions and approaches vary, sometimes even contradicting each other. But in my case it should not I have been consistent on what I told each of them. This is what happens to me, Ford choice to do a dorsal augmentation alone with the other multiple procedures and diced my cartilage and soft tissue without my consent. **What Ford did was trying to contradict what he was doing in the operation room and hoping for a better alternative to correct my septum.** Ford uses my crushed cartilage for my nasal tip and **did not preserve my cartilage** for testing during or for future surgery.

**It is undisputed that Ford did not preserve and soft tissue sample and he did not send any of my tissue to a pathology lab** and now I may need some of my preserve cartilage.

It is possible that **Ford could have done 400 nose surgery in a year or two but a high number does not mean he is better than someone who done less surgery in a year.** Ford worry about how much nose surgery he does instead of doing longer procedures on the nose he is being concerned with the quantity instead of the quality of his work. **Morselization is the crushing of the deformed septal segment** so that it can heal in a straightened position. **But the problem is that my nose was not deformed.** And I have the X-ray as evidence of this too. The **disadvantage of this procedure is when you morselization (crush) the cartilage and bone it would make the nose weak**



effect upon the cartilage and the unpredictability of the result. The extreme problem with this technique is that you cannot see any of the crush cartilage on a MRI, CT scan, and X-ray. **It is undisputed** that my surgery may have lasted for only twenty-six minutes (26).

**July 19, 2010** I went to Middle Tennessee Ear Nose & Throat they are own by the same company, HCA. The only different they did when they got sued years ago, they change to **TRISTAR**. Based on information and belief, they (TRISTARE/ HCA) are back in business doing the same thing years ago. The only different is they are making up for old time.

What I do know is after researching about turbinated reductions is **that Turbinedtomcy later** fell out of favor because of rising concern over complication such as rhinitis sicca, atrophic rhinitis, and ozenam. And Ford did not tell me this. He knew after the surgery I my nasal stayed dry. I went out and brought a nasal spray and Sangeetha gave me some. But I was over using this product. Now my enlarged nasal cavity resulted from the surgery from turbinate resection and too much elevation. This cause to much increase nasal airflow and reduce the humidifying capabilities of the nasal mucosa, resulting in drying, crusting, and mucosal atrophy. However, **the removal of turbinate surgery remains controversial** and again I should have been told. I have a choice and a voice. I do not want to be a statistic.

Next, I had a **1 cm** lymph node palpated below my right submandibular tail of my parotid gland no external or internal nasal fracture. I was diagnosed with deviated nasal septum but it did not state how much my septum was **deviated unilateral turbinate** hypertrophy, and I had hypersomnia **with sleep apnea** nasal congestion **parotid mass of uncertain behavior 235 (Primary) Doctor Johnston also written with his dictation that I need to monitor for changes with eating**. I had a test done **April 10, 2008 at Centennial Medical Center** it show back then that I had a **1cm** right Per auricular mass.

**I am so upset because I had to do this research while sick** all by myself and with no help while being sick. I felt that my PCP should have had this in their office. But they did not. This was truly hard and frustrating you can't image the pain. It is just unbearable, to see these ENTs to just ignore the symptoms I was telling them about is unprofessional and this is truly beyond gross negligent.

Doctor Daniel P. Johnston PA stated that he will obtain my records from Centennial Hospital the CT of my neck **but this too was never done**. They have a **medical application with when and where to print out patient information**. Ford and Murfreesboro Medical Clinic **do not have this application** like Vanderbilt.

#### EXAMPLE OF MEDICAL CHART ENTRY

<http://10.104.8.6:8080/mobiledoc/jsp/catalog/xml/printChartOptions.jsp?encouterID=269...> 4/25/2012 The above entry is an example of Vanderbilt entries of a patient chart.

Doctor Ford and MMC records should have this type of patient programs to keep up with the records entries and who going in and out of a patient chart. Based on information and belief this is how Ford et al were getting away with tampering, altering, rewriting, adding, deleting patient's medical record without getting caught.

**August 24, 2010 Middle Tennessee Images** ct of neck with contrast indication and finding: gland is symmetrical in size and normal in appearance. Along the superficial aspect of the **Right parotid gland there is a nodule measuring approximately 7x4 mm.** An additional small nodule/lymph node noted at anterior-superior aspect of the right parotid gland measuring approximately 7 x 5 mm. similar appearing probable lymph nodes noted adjacent to the Left parotid gland. **No intra parotid mass evident. The swelling my thyroid gland was normal at this time I am thirty-seven years of age and still was not diagnose with Thyroid. But I did have some mucoperiosteal thickening/small mucus retention cysts bilateral maxillary sinuses. At this time there were some signs of the lymph nodes problem.** The problem is that none of it went away it just keep growing and spread bilateral throughout my neck and throat.

**On July 15, 2011** I done my pre op blood work for my surgery for August 10, 2011, the test show **that I was anemic** but no one from Ford office called, wrote a letter to inform me on this illness and inform me how to take care of this problem. At this time Ford did not run any Thyroid test in 2011 at all. But on my last visit with him on May 24, 2012 he stated that he gave me medication for this illness but he never informs me of this matter. I told him this in back in May.

**August 1, 2011** Went to Murfreesboro Medical Center Surgi Center signed in and gave information to nurse got undress and vital signs for before surgery. The surgery got reset for August 10, 2011 because I at ate a 1 inch of muffin.

**August 10, 2011** Informed consent: **code 30520 repair of the nasal septum** excise of inferior turbinate **30130** somehow work was done on my **anterior and posterior** was deflected and resected cartilage was crush too. I was built for a **30140** for a Turbinedotomy in which I was not aware of this. The nurse notes and comments do not state that Ford used any grafting or stent device in my nasal tip. But he suppose too with this operation. I believe that Ford use a graft because it was causing my infection and the swelling of my nose to keep getting effect and I had to carry this foreign object in me for more than fourteen (**14**) months. My time in operative room was **10:07** surgery began at **10:10** and it was finish at **10:19**. The nurse noted in her comments that I was **timeout** was **10:27** and initial it too. My surgery was **less than** thirty minutes long She Karen Butler (hereinafter Butler) wrote in the **1 % lidocaine** with total **4 ml cocaine hydrochloride** and **4%** of topical to cotton nodes triple antibiotic ointment which was a total of **5 ml**. Ford wrote something different he dictated that he gave me 1% lidocaine with **5 ml** of cocaine hydrochloride which gave a total of **6 ml**. First it was a miscount somewhere from either the nurse or the doctor. Ford **removes or cut my turbinate. If Ford would have told me he was planning to cut my turbinate I would not have gotten this done. This has effect the way I breathe even though my nose is nice and wide my breathing is not the same this is why I am still on the sleep path machine still today. The surgery was supposed to correct the way oxygen enter my body at night.**

The problem is that **Doctor Ford** never told Medicare/ Medicaid and I that he was performing an **Open Rhinoplasty approach for a Setoplasty**. If he did they would not have paid for this operation. They would have called it incidental/ experimental or just not medical necessary. Ford had removed my maxillary crest spur (bone). **Ford did not state this in his finding on my operation report or did he told me that I had a bone spur and morselize (crush) them**. I was never told that he was going to remove cartilage and bone from my nasal tip and he did not put them in his dictation report during and after surgery. Doctor continues to leave out detail information about my operation. Ford behavior prolongs my illness for over a year because he was not in detail on the operation report instead drafting a detail comprehensive medical operational transcription. Ford did a small SOAP impression of my procedure.

My **full consented** brings respect, and good treatment plans, but, hiding information from a patient is just unjust and wrong. **The reason I believe Ford done an open Rhinoplasty because with an external incision was made underneath my nasal and none of the doctors I saw any of them wanted to inform me of this. I did not understand why Ford done this technique for a Setoplasty surgery based on information and belief, there should not be any incision underneath my nasal period for the operation I had done.** And there should not have been any work **done on my nasal tip** at all this is a total a different procedure. If Ford **never open me up** from the get go I would not be having this problem without informing me of what all he was going to do. What we now know for sure is that we do not know what all Ford did until I they **reopen** me up and I **film** the operation.

Ford did the **external approach** which allows the infrastructure of the nose to be completely exposed and accessed. **However, I did not agree to this.** What I do know Ford done this technique to allow him to be more precise surgery and is generally preferred when performing tip work. What I know after researching Ford made the incision in which he felt was a **small sacrifice** for me (the patient) but I did not want a scare on my face period.

Now, I called both medical boards about Fords medical license in Arizonian and Illinois to check to see if Ford a **license Board Certified Rhinoplasty Facial Plastic surgeon** or **Rhinologist** he is not. I then check to see if he has a **double board certified facial plastic surgeons** certificated he does not. Ford may have **the passion and artistry** to do Rhinoplasty but the problem is he does not have a **sub specialist** or techniques innovations in plastic surgery or facial plastic surgery, or **Plastic and Reconstructive Surgery**. However, Ford been advertising himself as he was one. Ford only has **one specialty** and that is a General **Otolaryngology-Head and Neck surgery** Ford is an older surgeon and has been grandfather in for certain certification, but Ford is taken advantage in which I believe all surgeon should have continuous education because things change with time.

But the problems stand that the polysomnographic result show that I still needed the CPAP machine. I have the same problems with my breathing sleeping with a CPAP machine. Ford had to use a **packing to my nose with cotton** – but is rarely necessary nasal congestion, mouth breathing, dry mouth, or a reduced sense of smell chronic nasal

obstruction may include nosebleeds, recurrent sinus infections, sinus pressure headaches, and sleep disturbance. When left untreated, these symptoms can eventually give rise to more serious manifestations of chronic nasal dysfunction including insomnia, hypertension, obstructive sleep apnea, and even heart disease.

**Functional nasal surgery** involves surgical treatment of the internal nasal passages without alteration of the outer nose this is why I do not understand why Ford removes with my nasal tip. He was only to do a closed Setoplasty, **reduction of the inferior only turbinate**. But when he opens me up Ford fail to address the nasal polyp or cyst that was in my nose and still in their today. Ford left them inside me because he stated that he was not **treating my sinus**. **The problem to this is this was the reason for one of my reason** for seeing him in the first place in July 15, 2011. (See attachment) This too could have **been some of my nasal problem**. **Ford did not touch or dictate that I had a nasal polyps or cyst** he fail to mention this too on my report. The cyst/polyps had been inside me since 2006 and were never remove or left on its own Ford did not send this or other tissue sample to the pathology lab to see if it was benign or not. Sometimes the cyst/polyps can cause obstruct nasal passages. In mild cases, the removal is straightforward, but the probability of recurrence is often high. **Aggressive allergy** treatment, especially fungal allergies, often reduces the recurrence risk. Ford just over look what was staring him right in the face this was a clear signs that I was suffering with science infection all this time.

Again, I am filing this Medical malpractice/ negligent complaint with this a motion for **continuous treatment doctrine** and to also **show extraordinary** cause as to why this case should continue. In the most famous case Gideon v. Wainwright, in which the high court states that to have or provide lawyers to defendants who can't afford a lawyer in state courts, just as the federal courts. I also feel this way because we do not have the same playing field. Instead, we have doctors in Tennessee they all have the same insurance in which they would not right a medical letter on your behalf when they told you they will they change their minds. **The problem is that if I did not have this document it would have been their word against mines or in your legal term hearsay**. **Instead we just need to live with the injury may it be mental or physical because we do not know how to draft petition and do not know the laws. This law suit is about principle too**. This company is so use of committing medical malpractice to the point they know how to get away with it. They have done this in the 1980's as mention in the above statement and are still doing this to people today. **The poor should not be given a pass for doctors do to what they want at will and thinks it is okay**. Let's say that **Ford did not do anything wrong and I did not have everything document**. Are we saying that even though I gave Ford permission to do the procedure he can go beyond my consent to open me up on a close procedure? And, then leave a scare as if I would never notice. let say that he did the surgery great, we cannot over look that Ford done extra things to me that was not necessary and this procedure did not consist in opening me up at all because my nasal was **not deform severely** and I was not inform that it was.

I am having reconstruction surgery to fix the medical error Ford done on me on August 10, 2011. I have suffered complications, which require ongoing treatment. And what I do



know is that the Tennessee general ENT doctors here does **not recognized** the Setoplasty technique Doctor Andrew Hunter Ford (hereinafter Ford) perform. I would like to let the record show **that I am doing a documentary** in this cases in which I am filming what Ford done to me during surgery so that I this court, and former doctors here can actually see what Ford done to me. Since these regular general ENT does not know, **this would benefit them and me. And it would not hurt for this case to be one for the landmark case as to how far would an insurance company that represent the whole state of doctor in Tennessee go to protect their interest on a claim. And, how the consist doctrine is take from a doctor prospected. And how can a patient be abandon as a means of retaliation for just telling the truth as to what happen.** I have been called everything other than the mother of God for reporting this matter to Mrs. Betty Rose and the patient advocate Jennifer Wilson the office manager.

Now, what I know now is that mucus is a very necessary part of our human physiology. When it becomes excessive it is often a signal that something is of balance and that this needs to be corrected. Doctors must inform you of the procedure they will perform and describe all the important risks. Since Ford intended to perform a closed Setoplasty and never mentioned performing an open Setoplasty. The Turbinedotomy was never discuss I was under anesthesia so I did not have a change to tell Ford **"no"** then I woke up and he have remove my turbinate. I did not have a chance to give him an informed consent. The surgery performing was negligently.

My images scans **did not reveal any** damages in the nasal tip, yet Fords removed a large amount of nasal tip cartilage in which it left no strong support. So when Ford began to under or over-resection my nasal septum cartilage and remove the bone in the back of my nasal septum cause pain when he crush the cartilage and then reinserted this back in my nose without testing the tissue with a pathology lab is just negligent.

And with this the nurse that was on the nurse report did not do a recount of the cottons/sponge count after surgery. This too is negligent.

**August 17, 2011** was the first foreign object **that was schedule** to come out within seven days, was the two Doyle splint. But the nasal packing was still in me on this visit I continue to have **agonizing pain** which lead to infection and pain. **I kept going back for several more visited**. When I inform Ford of **my chief complaint** it would **be ignored**. I began to have emotional stress alone with the acute pain that continued all the way the second foreign object was the nasal packing device that was sewn in me. The reason I knew it was sewn is because Ford yank it out of my nose after being inside for several weeks which was September 01, 2011. Ford then told me that **he would not charge me** for the visit and he did not. I look at him like he was crazy because I just did not know why he told me this, and he did not inform me what he remove. What Ford did was yank the device out of my nose and place it in a regular trash can, somehow he got he out and then place it in his long white coat doctor jacket and discard of the device with blood in a trash can in the hall way.

**August 25, 2011** I went back to Ford office because I was having problems with my swallowing and breathing. The pain was still going on but now my glands felt enlarge and my neck was hurting. Ford ignored this complaint too. I was having trouble breathing

even though my nose was nice and wide. Again Ford stated in his dictation that my nose appears to be healing well. The letter head of this dictation was **for the wrong location** from where I had the surgery and where I been coming to for my follow up post op injury.

**September 01, 2011** Doctor Ford was negligent as a matter of law for permitting the Nasal packing to remain in my nose after surgery for this long. In law, a surgical tampon sponge or cotton was left in the nose following a Setoplasty and inferior turbinate reduction surgery that was performed by Doctor Ford. Before the incision in my body it was closed, **a nurse's count revealed that nothing the sponge or cotton was missing.** There was no X-ray done right away after the surgery. If this would have occurred the foreign object would have been seen this day. I have the X-ray/MRI done months later at this time the foreign object would not be seen. Even the crush cartilage Ford use in my nose to make the septum would not be seen on a MRI. **Doctor Ford instead upon discovering the sponge several weeks later the fact remains that when the incision was closed a sponge was left in my nose. And when Ford done his dictation he office visit the letter head had the wrong address from where I went for my office visit. Instead of Ford writing the truth about the office visit he wrote something totally different.** This was the day the nasal packing was remove. It was sworn in my nose and I have the scars to prove this too. Nasal scar is not noticeable not unless something did not heal well. This is why you are able to see the scare inside my nose because he yanks this out that lead to this particular scare. It is undisputed that Ford could not bill Medicare for medical errors that occur during surgery. That was the real reason Ford did not charge me for the other three (3) follow up visit.

My family and I were never even notified of the medical errors occurred. This is extremely alarming how medical professionals can get away and have already gotten away with committing malpractice by such means. Most medical professionals would never commit such acts, the fact we know it has happened should lead to changes. In my case the change began on **May 24, 2012** on my last visit, the clinic was having their entire patients' to sign a form of privacy act and to inform us to where to file a medical complaint. This was not in my record prior to this date because they never gave us this information until now.

Clearly, my medical record was not safeguarded by Murfreesboro Medical Clinic and there risk manager team when this event had occurred. A record or pages of it has disappeared, part of the discovery process involves determining who had access to the record. And a list with the date and time on how many time a person or agent went into my record. It is unacceptable for Doctor Ford to **alter and remove** medication, and treatment he claim he given me from my medical record. Murfreesboro Medical clinic risk managers should be involved when **the alteration** of medical records is discovered. And a third party should be involve as-well Doctor Ford had tampering with my medical record by adding to the **existing record at a later date without indicating the addition** is a late entry, placing inaccurate information into the record, omitting significant facts, dating a record to make it appear as if it were rewriting at an earlier time.

Since fraud has been committed **The Statue of limitations should be extended based on the premise that fraud has been committed.** And, I am having continued care

from a post op in which I am having corrective reconstructive surgery to fix the problem. Plaintiff argued that in the Pisel v. Stamford Hospital case the rewriting of medical records or the destruction of pages, sections of an entire **medical record creates a strong suspicion that the information in the record was so damaging that it had to be concealed**.

Ford began to alter my medical records intentionally to altered and lose documentation for to conspire and to commit fraud this "aggravated or outrageous conduct" can result in the **granting of punitive** damages. But to add to an existing record altered, falsified my medical record **which is a crime** for purposefully to destroy my medical record for the **purpose to cover up medical malpractice**. Ford and his agent and or employer violated my due process rights for the purpose for me to lose my opportunity to file a medical complaint against him (Ford) and the clinic. I went back to Ford because I was still in severing pain and I was told by Sangeetha to go back even when I did not want to. This is when Ford felt that he should begin to back date his dictation. In Williams v. Young, 258 Ga. App. at 824, and 575 S.E.2d 648 **Following remand**, the Court ruled that Young's claims were therefore barred by the statute of limitation and the used to alter the statute of limitation with regard to the continuous treatment doctrine.

In order to deceive or mislead any person as to information, including, but not limited to, a diagnosis, test, medication, treatment or medical or psychological history, concerning the patient. Medication for thyroid treatment in which he never inform of until May 24, 2012 nearly a year later. Destruction of evidence is a crime and so is tampering with a witness. **Doctors seem to get preferential treatment from the courts**. To show fraud in obtaining your consent, or in concealing the effects of medical malpractice **punitive damages** are not covered by the doctor's Ford malpractice insurance.

For instance, Ford should be **brought up on federal charges** for providing **inaccurate** information to the state of Tennessee Medicare department for falsifying of records lying on the type of procedure he was performing. I believe that doctor Ford was charging Medicare for services that he should have never received. Expressly the Open Setoplasty in order to make more money from the government insurance that he should not have. **The assault and battery** charges (for performing the procedure without my knowledge or permission this behavior seems as a "Norm" at this facility. It is a fact that Doctor Ford or his agent/staff has tamper and or altered my records. Miss Rose she went on a defensive mode I told her this too. She is a patient advocate but she works for the clinic and her judgment was clouded when I was speaking to her. Her action lead me to believe that everyone who come in this office and **complain is being target as the criminal and they too are being ban for practice their medical rights**. But they use this retaliation tactic as a mean to get rid of a patient.

Ford improperly caused me to continue care to treat the physical pain and mental anguish, the possibility of loss earning capacity **if any** and for physical impairment and significant medical expenses. I was told **that I was lying and that they were going to ban me from the clinic**. I called Middle Tennessee Clinic back to set up an

appointment with them to ban me just because they are connected with them. I am being abandoned for Middle Tennessee Ears Nose and Throat clinic in Smyrna office without a letter telling informing of this too the reason being is that these doctors work with Ford this is causing me such harm to find proper medical care in Nashville Tennessee.

**September 08, 2011** I needed to see my PCP even though I have not met this woman. I always had been seeing Sangeetha Mc Cullum PA-C (hereinafter Sangeetha) I have not seen my PCP at this location since I been there for years and I did not know why she was never there.

**October 07, 2011** Two months after the Sepal surgery with Ford, I went to have a hearing test done at Vanderbilt Bill Wilkerson Center because Ford continued to ignore my hearing problems and I really needed for someone to listen to my complaints. So I went to Vanderbilt and they done a hearing evaluation during these office visits I was diagnose with **bilaterally hearing lost** and in need for hearing aids. Ford is an ENT their as no reason for him not to believe me again as to my illness. Just to let medical concern go is another form of negligent for failure to diagnose and delay in treatment.

**October 11 2011** I then met Doctor Vinson in which she too is a General ENT to get my headache and nose pain with chewing, ear, aching dull numb, and anxiety. Vinson thought I may have TMJ.

**October 20, 2011** a Sinusitis test two months after the surgery this test show exactly what I was saying back on July 15, 2010 and I went to Ford office for the first time for an evaluation for my sinus and ear problem I was having. The test shows the same thing small mucus retention cysts are present bilaterally. With no mucus thickening so the finding was small maxillary mucus retention cysts bilaterally otherwise the sinuses with normal limits on the results it states that Ford have **verified** the results but the strange thing about this report is that Ford rewrote my age from 38 to age 39 after results was and stated that it was unverified when Doctor Deborah Williams MD **electronically signed at October 20, 2011 at 8:50:26** again Ford tamper with my medical record again his patterning never stops. My age at the time was 38 so Doctor Williams was correct. I also believe that Ford was the one inserted others thing in this report such as there are no prior studies for comparison. As you can see in the throughout this complaint there were many, many comparison report and some it which was done prior to the surgery and Ford just did not retrieve them. But, as Doctor Taylor incidentally told me that they the ENTs are supposed to get reports or get a MRI, CT or X-ray scan before the surgery to see what else could be wrong. To do a biopsy for before the surgery of the cyst or polyps to see which one we are dealing with so that I wanted have to have a second surgery. It was done right at the first time. This just shows as-well that Ford did not treat my sinus but he was suppose because this was the reason I seen him in the first place back in July 15, 2011. After Ford saw on this scan report it show that I still have this problem with the **cyst/polyps** that he did not remove them while I he was doing my surgery. That Ford should have removed this from my nose a couple of weeks ago. Ford is

**October 28, 2011** went to see my PCP and it was Sangeetha V. Mc Cullum (spelling) P.A. I been trying to see my PCP but for some reason Maria/Mariah continued to schedule me with Sangeetha instead of Doctor Retia Nirankari Agarwal M. D. Sangeetha



has been working alone with no supervision. And this too has delayed my medical care. I felt at this point I needed to see a MD instead of a nurse. I can't believe Sangeetha could be like, putting me off for days while I am having trouble with my condition, and this is something that I can never understand! Since, she had been working alone since I knew here at this office. So now I am suffering because of the mishap of their colleague that shouldn't have happen.

**November 10, 2011** I went back to SCMT saw doctor John Kenneth Mori told him that I was having problems still sleeping with the machine since the surgery on August 10, 2011 he wanted me to discus with ENT to see when can I reuse the machine I need to watch my weight gain. We talk about ways to use the machine while dealing with the nasal pain.

**December 21, 2012** went to ER for Vomiting and fatigue and sinus. I was diagnosing with vomiting and Hypokalemia potassium.

**January 10, 2012** I had a cervical CT images done that was order by Mark Williams (hereinafter Williams) at Southern hills with a different reading done from the radiologist this could be a sign of cancer cells but For Mark to just ignore these signed and not explain the reading to me is ridiculous and not to do more testing as a ENT physician is just negligent. William did not inform me to where to go and where to get treatment for the now Thyroid problem. I have obtained this illness because of the delay of treatment from these doctors. They kept telling me that the swollen pain I was feeling was in my head.

I should have been referral to have a chance to shrink the bilateral lymph nodes or malignancies involvement in my throat and cervical area. But to just have me not be control my swollen for this period of time is just insane. My **Thyroid gland homogeneous** has enhancement and there was mucosal thickening **along my lateral aspect of my left maxillary sinus** with cyst or polyps retentions Ford never order any **biopsy** he would had notice this too during the surgery. But he was hoping that the cyst or polyps would just go away. Ford was expected to do **a wait and see game** to see what they would do.

In my case they were just getting bigger. I had a **uncertain findings of a bilateral symmetric submandibular gland enlargement significant** this was the third negligent that Ford and the other ENTs had Ignore because they felt I was making this all up. It is very frustrate when you have speech impairment and misjudge what you telling them as a lie. This problem is part of my disability. But I still should have gotten a referral from someone who deals with the **submandibular gland**.

Doctor Cherdak wrote in my record that the pain could be more psychological than a real feeling. What I do not understand is how is this part of her medical expert as to the way a patient feel mentally when she **is not a license physiologist**. And she never told me this she just insert this information in my medical record. Today it was truly a real complaint. The scan speaks for itself.

Next, the radiologist **had left the final report result** of my neck on my disk when

I went to pick this up. So how the information on the radiologist was left on the disk and this was how I was able to get this information. Somehow, the information was left their by mistake and I was able to retrieve it on my disk to even though they do not leave this information on disk for the patient to see what they wrote to the doctor. Based on information and belief I also notice that my tooth is missing its **right maxillary premolar and my left maxillary molar is absent**. The radiologist report I been getting is missing large about of information. This is why it would and should be good practice to compare the other CT scans and MRI readings so that Medicare/Medicaid would not bill for double services

**March 3, 2012** A CT face without contrast was order by Amberge Westin Michael show 7mm mucus retention versus polyp in the Right maxillary sinus. **Temporomandibular joints are within normal limits (TMJ). There are no abnormally enlarging cervical lymph nodes. Let the record show that there were no TMJ and no enlarge of cervical lymph nodes now but they began to grow and enlarge in January 10, 2012. They never check my salivary gland but never do anything to rule out this illness.** Still has some bleeding, the problem is that I was not given anything other than antibiotics throughout the years to treat the sinus infection. I was not given anything to treat the thyroid enlargement, mucus retention of cyst or polyps since their again was no biopsy and lymph nodes that was in my cervical then. As if it just disappears without any medicine to treat or shrink my mass, lymph nodes these mass/lymph nodes are that keep reappearing with no cause as to why? **These images also state that there was no foreign body part, no malignment of fracture.** The problem is that the 1<sup>st</sup> foreign object was remove back in September 1, 2011 in Ford office and I told Doctor Cherdack this so to check for it when it was already remove was a waste of time. Now, the question is can you see cartilage on MRI, CT scan, X-ray images. The answer is no. and Ford and the other ENTS knew this. **The federal question is that if a ENT doctor take an body part that God created naturally to perform one way to get this part to function other way, can it or should it be remove and reuse for another purpose of one body ?** And, should the Food Drug Administrative (hereinafter FDA) be warn of any side effect in its entirety that may occur during this exchange of body parts to be reuse. The next federal question is that if a ENT remove cartilage from your body and **morselize (crush)** this thinly and insert it back in your nose, is this know as a foreign object if the ENT medical book may said that this consist of one a foreign object to your body now?

**March 30, 2012** revisit Vinson at Vanderbilt for A typical facial pain and cervical pain

**April 09, 2012** Doctor Kelly A Carden once an Internal Medicine, Sleep Medicine, Critical Care Medicine, and Pulmonary Disease. This reason for this complaint is because of the mishandling of my medical care and her personal interest with Doctor Ford. She had written in my medical chart selecting this she wanted to address in their instead of everything we talk about. What I did not understand why she instructed me to go back and tape record doctor Ford ever though I did not want to go back to his office. If I did not go back I would not have been ban from the clinic. She told me that he was the only one that knew what all that he did to me. I told her know he did because he has been forgetting what I had come there for. Ford remind me of my grandmother when she got to

old that she began to forget things. She also mentions things in which she could have gotten this from me other than Doctor Ford and that when she mentions that I had surgery on my anterior turbinated. In January 10, 2012 I had a CT scan with contrast from Doctor Williams a ENT and he go the results back stating what is some of my problems. But what she could have done is get a copy of his

**April 10, 2012** Doctor Danielle Sherri Brain MRI W/O contrast shows normal MRI other than tiny mucous retention cyst in the right maxillary sinus, put she wrote **it was likely an incidental finding**. Again, if they would have look at all my MRI, CT scan and X-ray like I keep asking them to do and this is what they supposed to do is compare images. They would clearly know how much I am indeed suffering. **But the lack of them not knows only because they are being just lazy is not good because it is delaying my care. It would not have hurt them to request the images because it would not have cost them anything either. HPV strain with radiation surgery and radiation check for throat cancer this is a growing disease. Partners can share the virus but not have any problems.**

**April 10, 2012** had a normal MRI and MRA if the brain but again in the finding there is a tiny mucous retention cyst in the right maxillary sinus, likely an incidental finding. They problem again is that there was never incidental finding. There just lack of communication with them trying to do comparing the images. It has been frustrating I keep begging these doctors to do some that they supposed to do as a doctor. They just lacking to do this are just gross negligent. This image was done without contrast

**April 11, 2012** had nose bleed when I saw Sangeetha because it wanted stop I was told I had some nose damage prior to this appointment. Still having problem with my nose and explain this to Sangeetha. I was treated for hypertension and anxiety

**May 11, 2012** I saw Kelly A. Carden MD Board Certified in Sleep Medicine I been diagnose with OSA since 2009 I told her that I having a hard time sleeping with the CPAP machine due to a nasal repair of the septum in inferior turbinate reduction on August 10, 2011. I told her that it was difficult to use the mass to the nasal and facial pain. We discuss weight lost she want me to be as little as she was and I asked he" How much does she way. Carden done a hand gesture as if she did not want to verbally inform me. We told about surgery of OSA she said that OAT and CPAP are not options at present. I told her that I wanted to do the oximetry to do a study on my oxygen level when I am sleeping. The first time Carden thought that I had some artifact between the hours 23:30 and 00:00 and the second night I had saturation was stable with a sat of 90% for 99.1 of the time. She told me to just lose weight and try to maintain a lateral sleep until her face pain resolves/lessen until I can reuse the PAP. I was diagnosing with Facial pain (748.0). She also stated that this was a 24 minutes and greater than 50% of the time was spent counseling the patient and/or coordinating care.

**May 21, 2012** went the ER again about my nose and the pain I was diagnose with Sinusitis and pain was given antibiotic

**May 24, 2012** went to my last visit with Doctor Ford he admitted to me that he treated me and diagnose me with thyroids but the problem with this too is that there was no test

ran on me for Free Thyroxin Index T4, TSH, T-UPTAKE last year. Ford said that he treated me and gave me prescription of this medication since **August 8, 2010. I want to let the record straight.** There is no medication that I was given to prevent or control my thyroids and I would be able to give this information to as proof from the pharmacy. After I left I got another copy of my records and this was the day I notice my records was again rewritten, re- add and remove things from the record. And I spoke to Mrs. Kelly about this as-well-as to why they felt they had to do this to me. Ford did not put that this was a follow –up visit to a post op injury. Ford only marks code 99214 EST OV/OP mod. Comp. Instead of 99024 P/O follow-up visits 784 HA Facial Pain was what For wrote on the Fee Ticket also states an \$88.00 previous balance I was not aware of.

Ford then wrote on my medical record what he wanted to enter and not everything that was discus at the visits. The chief complaint was over look again; he wrote that I was on **heavy dose of Neurontin as if I was a junky** but the problem with this slander this is not a medication that you can get high or make you addictive. For was trying to say that I was a junky or I misuse my medication is not true and it is **slander.** I never had been admitted in a patient or outpatient for prescription use of medication. This was slander in its up most form. I do not like taken medication and this was the reason why. And he recommends a neurology consultation but they cancel this appoint in June 19, 2012. I was called by their office manager Mrs. Jenifer when she called she told me that I was ban from there practice other doctor think that they are misusing drugs and saying things a **supratentorial factor** in which I was having true illness expressly with my nose and **salivary gland** he allow this to continue to grow instead of doing a work up to rule out other illness he just said it was all make believe. **But the swelling do cause pain especially the location of the masses and lymph nodes can cause serve pain.** There are no words worse **than gross negligent** that I could think to describe the hurt and humiliation I endure doing my care while in **severe** pain. I did not know why he did not put my chief complaint on this ticket. Based on information and belief the reason I believe he done this is because if he bill Medicare for **sinus/pain then they Medicare/Medicaid would have to pay him for this visit.** Medicare/Medicaid should have been charge for laboratory work they were not but for was suppose too. Instead Ford done a short cut in his performance of my surgery based on information and belief this was the other reason for the surgery lasting this length of time.

Ford was running the lab for his on congest because he could not remember why he thought he gave me medication for Thyroids because he did not write in my medical notes but he claim it was in my medication reports. I must admit, **Ford is very clavier** for covering up this medical malpractice error. And Ford diagnose nose on this Fee Ticket was nerve pain but he wrote something different in my medical note on his dictation on this day. And this day he wanted to have lab done for Thyroid treatment to cover up the reason he told me back in July 15, 2011 as to why he thought he gave me medication for Thyroid and then did not dictated what we discus in the room about this he left this off. I know by law he was supposed to insert everything that was discussing in our office visit. But Ford just did not do this will be gross negligent. But they also wrote a date of LV October 20, 2011 in which I did not understand this written report and this was not dictated on my medical record either. They also got a message date of 11/09/2010 on this sheet too which does not make since. **This is one reason for phone**



**record report for the date I mention.** This would show if any of the doctors I saw spoken with Doctor Ford write about my illness without my knowledge. Based on information and belief I believe he has spoken to at least two of the doctors I have been seeing. This should be part of discovery. There was also no charge that was written for on this ticket for this day. We (patient) had to sign a notice of Privacy practices for protected health information. This was for failure to inform they waited until they was going to be sued to give us this notification where we can go at to file a medical complaint because we was never inform until nearly a year later. I had to figure this out me to who I needed to talk with and this is how I found Mrs. Rose the patient advocated.

**May 25, 2012** Vinson treated me for post op pain a bleeding, typical facial pain but the salivary gland was still not a reason for rechecking it.

**May 29, 2012** not for sure what day of the week it was but I am sure it was the last week of the month. Mrs. Jennifer Wilson (hereinafter Jennifer) told me she was going to cancel my upcoming appoint with Doctor Ford and the Neurologist who was a **women physician which was schedule for July 19, 2012** because they was banning me from the practice. I asked her why and she said since I felt that Doctor Ford was not helping me. So now she is my psychologist too. The problem is that I was given a reason as to why but when the letter came to my home nearly a month or so later it did not mention the discussion she and I had. The letter was vague written like a standard letter they address to the entire patient who makes a medical allegation.

**June 11, 2012** Diagnosed with Chronic Sinusitis but I was told on 07-15, 2011 that if I do not get this surgery done it would be **chronic infections** but it the other radiologist and ENT doctor pull these images they would have cam to that decision.

**June 29, 2012** I went to the ER again for and was diagnose with Torticollis muscle spasms of the neck and shoulder. But she was unaware to because she did not look in their system to see my history. But she was able to give me some confront. I told her that I did not want any medication but she told me if it was going help a little bit. I need to go and use them. I was concern about my liver. I wanted a cause to my problem not a temporary fix I just wanted to find the underline cause to my symptoms Doctor James Dorsha was the doctor on staff this day. She (James) felt how my muscle was contracting and so she gave me

**June 20 2012** X-Ray of Temporomandibular Joint Bilateral (hereinafter TMJ) came back negative for TMJ

**July 17, 2012** I receive a **vague letter** from Joseph A. Peay (CEO) that was a standard letter sent to me by Mrs. Betty J Rose (hereinafter Rose). Next, I then fax a letter and certified United Stated Postal mail. A **Notice of Intent to file claim** was sent to her (Rose).

Now, Mrs. Rose told me a different story for why I was ban from the clinic. She told me that Jennifer told her that I was rude to her over the phone and this was the reason why. I felt as if I was **being prank** because they both were telling me two different stories. She called me a lying and so they went on and cancel my July 19<sup>th</sup> this ban was not done

correctly. They wrote a letter to protect their interest but the legal question lye as to how they going to ban me when the letter stated after July 30, 2012 I would no longer be a patient of their. This conversation was document as to what I was told and is different from what both Jenifer and Rose told me this was only done out of spike and envy and retaliation.

**July 16, 2012** went back to Vanderbilt saw Dr. Kimberly Vinson, she then made a copy of the procedure that I brought in the office this day from my transcription of my procedure Ford did on me, Vinson then told me that never perform a procedure like this one before. I was informed that what Ford another object is still in my nose and this was the problem. Come to find out if crush cartilage that is reuse and replace in your nose is also known as a **foreign object**. And Vinson said that no one would be able to see this in any MRI, CT scan, or X-ray. I then told Vinson that Ford wrote in my record On May 24, 2012 that this was all **supratentorial factors** that I suffer from taken the medication Levaquin. This medication leads to side effect illness which Doctor Ford ignored.

The surgery Ford performs is unpredictable procedure this should not be done this way because of the very reason. Doctor Kimberly Vinson stated that she could not explain the medical records being tamper by Ford but she did said that it's not supposed to be like this. Dr. Vinson also stated that she have to get with other physician who is her partner at Vanderbilt because she have not ever perform a procedure like this one for a Setoplasty. Dr. Eugene Kern, who coined the term "**empty nose syndrome**", claims that this condition often gets worse over the years through increasing **wear and tear of the remaining mucosa in the nasal cavity, because the lack of turbinate's leaves the mucosa overexposed to unduly patent currents of unfiltered, and under-conditioned airflow on every inspiring breath**. But the problem with this that some of them are not familiar with the "**Empty Nose Syndrome**" My images look empty this is how Stern came up with this in 1990. The Ct scans look empty to the naked eye and this is how they came up with this name for the empty nose syndrome or **Wide nose syndrome**. But the plaintiff argues that her nose should not be this wide. This is how my nose is today and they just not telling what it was I had to look this statement up and this were list as to Vinson statement to me. My nose is now nice and wide inside. This is one of the side effects from the surgery too and they did not inform me of this either. In fact, when the loss of turbinate tissue from which the nasal mucosa cannot **recuperate** from the daily onslaught of **direct airflow**.

**July 22, 2012** Today I was waiting on Dr. Kimberly Vinson to call back to give me the answer on what Doctor Ford did. I have not heard back as of yet. I was having high fever and temperature too.

**July 23, 2012** On or before I contact a lawyer at this time I going to call him James and he told me that I have a good case but he had for nearly two months and he had two nurses look at some of my medical records and due to the way they was drafted and the Open Setoplasty he could not take the case. But he did tell me that he wanted too. It is hard for doctors to tell you that they would not do Open Setoplasty like this

**July 23, 2012** Next Generation Imaging they did not do any comparison even though I gave them what I had nothing was noted for **comparing** even though we sat down and I

gave the tech copies of the other images. I can truly say that the conclusion is incomplete. I truly do not understand why no one what to do comparison. **Another federal question is that should Images Company and hospital and clinic do and be comparing patients other images reports with their image so that they can get the proper diagnoses and treatment with medication/radiation/surgery to treat the medical illness.** Based information and belief this was the problem with my ear, jaw, and chewing the salivary gland has continue to grow and is why I cannot swallow and eat well This has made my ear ache. But for these ENT to overlook a serious problem is just purely negligent for failure to diagnose, treat and monitor this illness. And to either referral to a doctor that may be able to handle this illness.

**August 1, 2012** diagnose with **rare bacterial** infection Sinusitis **20,000** of **mix bacteria** and mucus which is a rare condition with my blood being low. **Doctor Greaves** stated that in years that he practices him never saw anything like this before. When I told Sangeetha from my PCP office she laugh at me and through it was funning. I told her that I could not get my injection for my neck until all of the infection is gone. She then told me that she just going to say that my infection was gone in which it has not left my body just yet. I was having a high few and temp this day too. And she over look Uterus enlargement when I was telling her for a while now she thought I was making up the pain. I told her to do ultra sound one was order on June 20, 2012 and it was then when my test show that I had large number of nabothian cysts in the cervix, which one appears to be involuting or containing some hemorrhagic fluid. Now, I am not doctor or nurse. If Sangeetha would have list to me long time ago this would not occur. And, thicken of the endometrial canal with findings suggesting retained blood products benign appearing cysts in the right ovary. I ask Sangeetha for steroids to shrink the fibro but she keeps forgetting to give them to me.

**August 03, 2012** I had a follow-up for my pain with Doctor Lee.

**August 6, 2012** was diagnose with swelling mass lump in head and or neck area **784.2** but was not told anything about this illness. The problem with this diagnose is that I had this problem since **January 23, 2012** but Doctor William lack to tell me about it this miss information cause some of my facial pain that I have endure and the lack of him not telling delay for me to get treatment. I did not get any treatment for this at all. No follow up nothing or anything. and post op pain 338.18 on August 06, 2012 it was discuss but I was not told what to do about it at all he told me it did not have anything to do with my surgery and that **What Medicare I is unaware about the true type of Setoplasty being perform.** An **open Setoplasty** by means of an open **Rhinoplasty approach** to address the septum and the problem with my septum my have been unnecessary. The technique Ford did is debatable and unpredictable. What Ford fell to do is to address this to Medicare / Medicaid and me. Especially if it effect my **nasal tip** if the procedure is going to cause a noticeable scar and the only reason it may have been noticeable is because of the way it was sewn back together and this would have caused the scare to heal wrong this is how I knew about the external incision.

**August 6, 2012** I saw doctor Mark Williams (hereinafter Williams) for post op pain told me that I have every right to know what is going own with me. To tell him the problem I had with him and other about a problem that truly happen to me and ask why they were

treating me this way. I was owed an apology.

**August 6, 2012** Doctor Vinson called to inform me that she gave my medical record operation transcript report from Ford procedure to Doctor Reis (hereinafter Reis) who is a Board Certified Rhinoplasty Facial Plastic Surgeon informs Vinson that I did have a reasonable complaint for the pain I was experience. Another problem is that Ford is not a Board Certified Rhinoplasty Facial Plastic Surgeon. Ford is just a General ENT that could perform certain surgery without a subspecialty license. But to mislead a patient to believe he is a Rhinoplasty surgeon and then perform Rhinoplasty and open Setoplasty or what every Ford done to me during this surgery have cause me to have corrective surgery. **Federal question, if an General ENT take a patient medical operation report of a procedure she had if the doctor goes and speak with her partner who a board certified Rhinoplasty Reconstructive Facial Plastic Surgeon and do understand and recognize the technique about their patient about a unknown Open Setoplasty technique did the patient doctor open the door to seek knowledge of this unrecognized technique they by means of Rhinoplasty approach by her speaking to this doctor for knowledge and he gave her the answer we was looking for the entire year if the patient indeed relies on that information from this doctor did Vinson open the door for doctor Reis advise.**

**If so as to why she fail to enter this information in the patient chart at Vanderbilt what she told the patient she was doing with the patient medical operation report and that she was going to call patient back once she spoke with this doctor about the procedure.**

**August 6, 2012** I got another polysomnography NPSG Report done in which the study still states that I need to sleep with a mixture of apnea 7 episodes of hyperpnoea, 1 episode of mixed apnea, 7 episodes of central apnea, and 34 episodes of obstructive apnea in other words the surgery did not improve the nasal airway. I did have this test done 2 year earlier. One other purpose of this surgery is to fix this too. But since Ford did not check my neck and throat he would have known everything else that could be keeping me from breathing correctly at night or while I am sleeping.

**August 9, 2012** I went back to James E. Taylor Jr. (hereinafter Taylor) after surgery, he too is a general ENT but he consider himself as a behavioral health doctor board eligible. He told me that I still had infection in my nasal tip where Ford inserted the crush cartilage. Doctor Taylor had a medical student who was an oral maxillofacial surgeon. Taylor did not ask me was it okay for the student to be in the room? Taylor felt that I need to see a physiologist only because he did not believe that Ford left a nasal packing in my nose and that Ford would not have done surgery on me without doing a X-ray before the operation. So this was how I knew that Ford was supposed to do this put as you can see he did. Taylor told off Ford because I was unaware that you suppose to do this before surgery. These confirm what I knew all along. I brought my husband to this visit because Doctor Taylor touches me inappropriate on my first visit this was the reason I brought my husband to this last visit with him. But Doctor Taylor tune change when I gave him the medical transcript Ford did on me and then he told me that he too would not do a Setoplasty like Ford done to me. But he would not tell me why he would not do it this way.



Next, I got X-Ray from Doctor Justin Ard, (spelling) D.C. (Hereinafter Ard) this was the first time I meet him. I normally deal with Josh. I got x-Ray of my neck and back. I asked about the billing break down he would not give it to me. He wanted to get some type of loan instead of Medicare paying for the treatment. I believe to pain for the part B Medicare would not pay at least 80% but he wanted me to pay this with cash. It was around three thousand dollars. And, he told me that I would not be able to get a copy of my ultra should of my neck and back on a CD because it belong to him. He told me this was the Tennessee Law.

**August 7, 2012** I then called and spoke with Mrs. Jackson about the experience I had with Doctor Taylor. She then told me to speak with Mrs. Sharon Halpern. She told me that she would talk with Doctor Taylor. She did right after I got off the phone. She told me that Doctor Taylor told me what to do. She told me that **she trust her children** with Doctor Taylor. I felt that the personal interest that other doctors put her trust her colleague is strange when you have proof on how you was being treated in front of students. I felt that Doctor Taylor behavior was inappropriate and it was done in front of the student and he had them to believe I need mental help. This was embarrassing too because I was having pain from the swallowing mass and gland but Taylor **was gross negligent for not checking my neck and throat out for observation.**

**August 9, 2012** I wrote a letter and send MRI, CT scan too doctor David Slavitt (hereinafter Slavitt) who inform me that he can do reconstructive surgery to fix my nose. He asked me why this doctor or Doctor Ford do a tissue sample I told him I just do not know. Slavitt told me that there are things could have done. But none of them done that but treat me with antibiotic, this man told me that he could fix my problem in thirty 30 days in which these doctor could have done in a year.

**August 10, 2012** I wrote letter for Intent to Sue to Doctor Kelly A. Carden

**August 12, 2012** 20,000 of mix bacteria and mucus which was yeast infects but I still had maxillary sinus infection too. But since they did not give me medication for this Sangeetha though this made cause some elevated of my blood pressure and fewer and pulse and this was strong evidence of an infection. At home, I experienced severe stomach pain, fever and chills and I returned to the hospital. While in the hospital, my blood pressure was elevated up and down and this was an unknown bacteria fungus infection. I continued to experience severe upper stomach pain. Sangeetha who performed the vaginal prep smear and she stated that everything was normal. But during the test she did not check my stomach.

Sangeetha failed to rule out other bacteria that could have been spilling into my **salivary gland and maxillary sinus** over a period of time causing unknown bacterial infection. I endured pain for months' the pain that lead for me to go to the ER and they too could not tell me **where my fever is coming** they just did not know. I have presented myself to my family doctor with history of nasal drainage and fever for months now for which I took an over-the-counter medication and this only work temporary. Instead, my neck continued to swell as a result of the bacterial infection. What I do know is that my anatomy was not like Ford other patients. I truly believe that Ford open up his entire patient up for a Setoplasty. What I do not understand is why no one done a **nasal culture**

for fungal and bacterial infections, skin testing for TB, Fungi, VDRL, FTA-ABS, CANCA, biopsy to rule out autoimmune. Since we do not know how large the lymph node 1 cm in diameter is considered abnormal and should be consider for biopsy if it was diagnose with uncertain. But was never done I done all the leg work myself while I was sick and this was the hardest then than having a baby.

I believe that my agreement has been breached by failure to diagnose a medical condition, the doctor should be held liable this was a missed diagnosis that should not have happen I had to be an advocate for myself it was just too much with what I was going through. These doctors done selective listening, and there is no excuse for this. I have been injured by a medical provider, who should have been able to diagnose their condition but failed to these **doctor simply fail to explore all the possibilities**, to diagnosing my illness. Now I am seeing an oral surgeon tomorrow he is going to treat the swelling of my throat

**August 08/30/2012** I went see Jessica Fay APN Nurse Practitioner at the Minute Clinic in Nashville because my office was close. She told me that she could not treat my sinus. But I told her that was fine because I was not there for my sinus. I wanted to know what fungus I was fight because I was having problem with breaking my fever. What I meant is that once the antibiotic is out of my system the fungus bacteria returns I am fighting with a temperature, high blood pressure, high pulse. She (Jessica) went to the medical book to see what fungus was the closes to what was on my neck. But, she (Jessica) informed me that it was nothing she have saw or recognize or saw before. So she said that since it was not in the book. I was going to say it was a Dermatophytosis on my body. Only because she did not know but she has written she never saw this before and it was not in the medial **book instead of guessing**.

**October 3, 2011** went to the oral surgeon Doctor Pitts (hereinafter Pitts) and he recommend that I see Doctor Reis personally instead of Vinson translating messages back and forth from her patient. I told Pitts that I going to do a document and this case need to be a case study for the Vanderbilt students since this case is one of a unique one. He told me to come back because he will take a picture with me so that it would be document for the story. Pitts also say that Reis would be the one to fix this but I told him since Vinson did not recognize the procedure that I was scared to let them do it without filming this. He began to laugh and I told him after all this I hope I be able to laugh with him. Future visit will be schedule I also told him that I have appointment with doctor appointment Friday in Chicago. He then insists that I see Reis because he knew I am in severe pain and he believes that I need to get a graft remove out of my nose. And he believe this is coming from the surgery back in August 10 2011, he told me that I have sinus infection in my maxillary area and this is why the lymph node are swollen. When I left the office I called to set this appointment up. To be continued...

**October 8, 2012** I went to ER at Stone Crest Center and saw Rodney Richmond PA-C who diagnoses me with Atypical Facial pain this also mean "diagnosis of exclusive" which means that they (doctor/specialist) must first test for other causes of the pain. Once we find these are not the case, we can call it "atypical facial pain."

He (Richmond) he thinks that my pain is likely related to the swallowing in the submandibular gland and we wanted to wait to do a scans because he think that a ENT

specialist would want their own test done. He recommends that I see doctor Reis from Vanderbilt. Richmond also thought that I may have mumps and that have anyone look at or done test for my submandibular gland duct stone. I told him there no recent test been done. Richmond also thinks I have the mumps so he told me to get in with doctor Reis

### CONCLUSION

What these doctors done to me is just immoral and cowardly and unheard of. To just take advantage at lay poor people is unjust. And this should be a lesson learn for all parties. There were a number of factors and disadvantage that should be well level. I had to endure more economic physical and mental challenges because of these defendants. I have endured intentional infliction of pain and suffering in the hands of my doctors. I believe any person income alone should not keep anyone from getting the proper care we need. I do not wish to evaluate the merits of my own case because I am facing a real struggle by lack of knowledge and lack of objectivity of what a lawyer can do. I am begging this court for a delay in filing because I did not receive a true answer about the operation until a year later after the surgery.

### **WHEREFORE I pray for relief:**

The Plaintiff begs this court to grant my Amended Motion's and to allow the Plaintiff to be granted delay of filing of her legal action so that she get have the surgery done be able to heal and take back control of her health. And now since this court is aware of the Defendants' is coming to this court **with unclean hands**. I need to have the same equal balance playing field as said the Defendants.

- A. The this court to all the Plaintiff to add all said Defendants' to be add to this lawsuit in this complaint at a later date and the Defendants' be given time to answer such complaint against them.
- B. This court find that the Defendants are guilty for coming to court with **unclean hand**
- C. Allow the Defendants to hand over in discovery material of any unpublished Underwriting medical malpractice, sanction, arbitration, settlements, medication negotiation against any employees/agents/servants on a conflict of interest case, medical malpractice/medical negligent, patient abandonment in its entity.
- D. Find ford be found **guilty** not informing the patient and her family for removing the patient **maxillary crest spur** when he negligent and fail to dictate this in plaintiff medical operation transcript report after and before surgery. And this was not medical necessary. That if something was wrong he could have told plaintiff this before and that Ford could have ran medical images before the surgery. If it was not write in his finding and lack to inform the plaintiff then it was not medical necessary or urgent.
- E. To order these doctors to amend her medical records for calling her

crazy **when indeed she was having true pain in her throat, neck, ears, nose pain that spread elsewhere** because of these doctor medical care treatment was truly delay. And to inter the correct diagnosed as stated in her medical record prior of seeing these doctors. Such as the mass growth she had back in 2008 that at the time was 1 cm but since grew and the said Defendant was negligent for delay of getting those records and comparing said images.


- F. That this court allows a delay in filing since these Defendants is coming to court with unclean hands with Medicare/Medicaid billing fraud, medical records tampering, altering, rewriting, deleting, and destroying of record. And so that that the Plaintiff be able to get an attorney to clean up this complaint and to get the information done correctly.
- G. That this court find the Defendants' guilty of some predigest and medical malpractice/ medical negligent, misdiagnosis and delay of diagnosis and patient abandonment and other actions Plaintiff have mention in her pleadings.
- H. That this court grants the Plaintiff delay in filing since it took a year to be inform by these defendants that they would not perform Open Setoplasty.
- I. Allow the said Defendants' to hand over all discovery material document in its **entity** but not limited phone records from Jul 1 2011 until present of all patient in its entity who had and who have discuss any said operation consist of the following: **Open Setoplasty by means of Open Rhinoplasty and Turbinatectomy and close Setoplasty and Rhinoplasty and any or all Setoplasty and Rhinoplasty and Turbinate reduction Surgery**
- J. That this case be heard and grand over by a **jury of twelve** (12) as a matter of law. Since this should be there job to determine what is fair, just and reasonable compensation for this Plaintiff and her family.
- K. That this court gives the Plaintiff time to get all her doctors and expert witness letter since the local doctor she saw do not recognize the procedure technique and it **was not** under her control and she would not have perform such procedure. And she has to do endure all this while she is still very ill.
- L. That this court found the Defendants guilty for the approximately cause of the Plaintiff injury and that the plaintiff **fear** that she was afraid that she was going to die if she could never find out what was truly wrong with her. A doctor had told her she could die from this if the matter is not dealt with.
- M. That this court find and order the Defendant Southern Hills radiologist



department technician/doctor retrieve all of the MRI, CT scan and X-ray images and compared those images with prior images so that the plaintiff get a correct diagnose since she paid for the correct information, she is entitle to receive in order to get a proper treatment plan.

- N. That this court find each Defendants' guilty of the Plaintiff physical injury and mental anguish that she be awarded Punitive damages in the amount of \$ \_\_\_\_\_
- O. That the Defendant be found guilty for libel damages and be awarded in the amount of \$ \_\_\_\_\_
- P. That this court find that each Defendants's guilty of Plaintiff injury and she be granted Compensatory damages against each Defendants' which consist of Economic and or non-monetary damages for what she have suffered and endure for the past fourteen months, And for reasonable likely to suffer in the future, loss of diminution of the ability to enjoy life's pleasures and as a result of the defendants' negligence in the amount of \$ \_\_\_\_\_
- Q. That the Plaintiff husband be granted Loss of Consortium for the injuries the Plaintiff husband had to encounter. That these doctors' and nurses be found guilty and be sanctions for their part of the medical malpractice cover up and that a proper federal investigation to be done in order to protect future patient in their care.
- R. That the Defendants' Ford be guilty of concealing error information from harmed he cause the Plaintiff might be tantamount to fraud
- S. Reasonable attorney fees in the amount of \$ \_\_\_\_\_
- T. The Plaintiff claims monetary damages against each Defendant's in an amount to be determined at trial, plus costs.
- U. That the Defendants' has a **conflict of interest** in the case at bar because of the medical malpractice insurer may deny coverage to a physician on the grounds that the doctor violated the cooperation clause by informing a patient of a harm-causing error
- V. That this court grants the Plaintiff for any further relief that this Honorable Court deems necessary and appropriate.

RESPECTFULLY SUBMITTED,

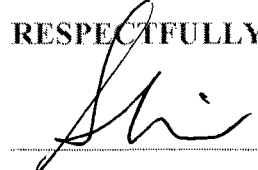
  
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FILED  
2012 OCT 16 PM 2:18  
U.S. DISTRICT COURT  
MIDDLE DISTRICT OF TN

**CERTIFICATE OF SERRVICES**

I Shemeka Ibrahim am sending this **First Amended Motion/Complaint** and the first Motions to the entire above Defendants' listed above by hand delivered or United States Postal Service Nashville, TN 37013. On this 16<sup>th</sup> day of October 2012

RESPECTFULLY SUBMITTED,

  
Shemeka Ibrahim (prose temporary)  
3916 Tea Garden Way Antioch, TN.  
37013 (615) 568-5046

Cc:

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**Stephanie C. Hatchet** attorney for defendant Murfreesboro Medical Clinic 101 West  
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**Tennessee Department of Health Medical Complaint Department** 425 5th Avenue  
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**Health Insurance Portability and Accountability Act (HIPPA)**

**Washington D.C. Head Department of Health and Human Services Chief**

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